

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000108942

**FILED**  
**Sep 10, 2009**  
**Secretary of State****Entity Name:** SUNSHINE RECOVERY TEAM, INC.**Current Principal Place of Business:**3301 NW 28 STREET  
MIAMI, FL 33142 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 924150  
HOMESTEAD, FL 330924150 US**New Mailing Address:****FEI Number:** 34-1984045**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARTINEZ, MARGARITA  
111 NW 39 AVENUE  
MIAMI, FL 33126 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MARTINEZ, MARGARITA  
Address: PO BOX 924150  
City-St-Zip: HOMESTEAD, FL 33092 US

Title: P ( ) Delete  
Name: GARCIA, SERGO  
Address: PO BOX 924150  
City-St-Zip: HOMESTEAD, FL 33092

Title: D (X) Delete  
Name: RODRIGUEZ, LAZARO  
Address: 20033 SW 118 COURT  
City-St-Zip: MIAMI, FL 33170

Title: D (X) Delete  
Name: GONZALEZ, OTTONIED  
Address: 16900 SW 120 COURT  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGIO GARCIA

PRES

09/10/2009

Electronic Signature of Signing Officer or Director

Date