

2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 08, 2004 8:00 am
Secretary of State

03-19-2004 90061 021 ***150.00

DOCUMENT # P03000123670 1. Entity Name SUNSHINE HOME HEALTH CARE SERVICES INC																											
Principal Place of Business 16961 NE 16 AVENUE N MIAMI BEACH, FL 33162 US		Mailing Address 16961 NE 16 AVENUE N MIAMI BEACH, FL 33162 US																									
2. Principal Place of Business 16300 NE 19th Ave. Suite, Apt. #, etc. 223 City & State NMI Florida Zip 33162 Country U.S.A		3. Mailing Address 16300 NE 19th Ave Suite, Apt. #, etc. 223 City & State NMI Florida Zip 33162 Country U.S.A																									
4. FEI Number 200359003		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent OLIGARIO, RIZALINA 16961 NE 16 AVENUE N MIAMI BEACH, FL 33162																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: 3/14/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/14/04 Daytime Phone: 286-274-1763																									

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