

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90048 045 ***150.00

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000123945 1. Entity Name SUNSHINE MARINE AND MOVERS OF S. FL INC.					
Principal Place of Business 7860 S. SOUTHWOOD CIRCLE DAVIE, FL 33328			Mailing Address 7860 S. SOUTHWOOD CIRCLE DAVIE, FL 33328		
2. Principal Place of Business 3879 NW. 122nd Terrace Suite, Apt. #, etc. #2L City & State SUNRISE FLORIDA Zip Country 33323 USA		3. Mailing Address 3879 NW. 122nd Terrace Suite, Apt. #, etc. #2L City & State SUNRISE FLORIDA Zip Country 33323 USA			
4. FEI Number 65-1137771			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 BLOCH, OMRI 7860 S. SOUTHWOOD CIRCLE DAVIE, FL 33328			7. Name and Address of New Registered Agent Name OMRI BLOCH Street Address (P.O. Box Number is Not Acceptable) 3879 NW. 122nd Terrace #2L City SUNRISE FL Zip Code 33323		
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 <u><i>Omri</i></u> 03/30/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOCH, OMRI 7860 S. SOUTHWOOD CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Omri / OMRI BLOCH</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/30/2005</u> Daytime Phone # <u>954-4486888</u>		