



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000153676			
1. Entity Name SUNSHINE PLAZA OF SOUTH FLORIDA, INC.			
Principal Place of Business 12200 NW SOUTH RIVER DRIVE MEDLEY, FL 33178	Mailing Address 12200 NW SOUTH RIVER DRIVE MEDLEY, FL 33178		
DO NOT WRITE IN THIS SPACE			
		04062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0523607	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 HALE, CHRISTOPHER D ESQ. 800 SE THIRD AVENUE SUITE 400 FORT LAUDERDALE, FL 33316		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000530703 05/06/06 00000 005 300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GONZALEZ, RICARDO 12200 NW SOUTH RIVER DRIVE MEDLEY, FL 33178	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP GONZALEZ, JR., RICARDO 12200 NW SOUTH RIVER DRIVE MEDLEY, FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S GONZALEZ, JORGE 12200 NW SOUTH RIVER DRIVE MEDLEY, FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T LOPEZ, MANUEL 12200 NW SOUTH RIVER DRIVE MEDLEY, FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, MAGDA 12200 NW SOUTH RIVER DRIVE MEDLEY, FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	