

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90363 011 ***150.00

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1. Entity Name
SONSHINE CARPET AND UPHOLSTERY CLEANING, INC.



Principal Place of Business
**3765 BLUE RIDGE RD
WEST PALM BEACH, FL 33406-4148**

Mailing Address
**3765 BLUE RIDGE RD
WEST PALM BEACH, FL 33406-4148**



2. Principal Place of Business

3. Mailing Address

P.O. Box 17123

03182006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WEST PALM Bch, FL

Zip

Country

Zip

33416

Country

USA

4. FEI Number

42-1617144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SILVA-DIAZ, MIRIAM
3765 BLUE RIDGE RD
WEST PALM BEACH, FL 33406-4148**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME SILVA-DIAZ, MIRIAM
STREET ADDRESS 3765 BLUE RIDGE ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE VPT ☒ Delete
NAME HIEBER, BETH A
STREET ADDRESS 6566 PATRICIA DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE D ☐ Delete
NAME OLIVA-DIAZ, JUAN E
STREET ADDRESS 3765 BLUE RIDGE RD
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

Daytime Phone #