

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90011 022 \*\*\*158.75

**DOCUMENT # P04000012964**

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  
**POB 17123  
WEST PALM BEACH, FL 33416**

2. Principal Place of Business - No P.O. Box #  
**4108 VICLIFF RD**

3. Mailing Address



03052007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WEST PALM Bch, FL**

City & State

4. FEI Number  
**42-1617144**

Applied For  
Not Applicable

Zip  
**33406**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007 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 **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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4108 VICLIFF RD**  
CITY-ST-ZIP **WEST PALM Bch, FL 33406**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4108 VICLIFF RD**  
CITY-ST-ZIP **WEST PALM Bch, FL 33406**

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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:

*Miriam Silva-Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/07**

Date

**561-432-7373**

Daytime Phone #