

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90014 010 ***150.00

DOCUMENT # P04000012964

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



Principal Place of Business
**4105 VICLIFF 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

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
WEST PALM Bch. FL

City & State

Zip
33406

Country
PBC

Zip

Country

01142008 Chg-P CR2E034 (12/06)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PS
SILVA-DIAZ, MIRIAM
4108 VICLIFF RD
WEST PALM BEACH, FL 33406**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
OLIVA-DIAZ, JUAN E
4108 VICLIFF RD
WEST PALM BEACH, FL 33406**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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* / **MIRIAM SILVA DIAZ** 1.14.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #