2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90400 033 ***150.00

Principal Place of Business 400 PSREPMAN STREET OPA LOCKOR, F1 30054 2. Principal Place of Business 2. Mailing Address Suite, Apil 4, etc. Suite, Apil 4,	1. Entity Nam SUNSHIN	e IE RESEARCH CENTER II	NC.				04-03-2000	90400 0:	5513	0.00
Suite, Apr. 4. etc. Saute, Apr. 5. etc. City & State City & State City & State Country Zip Country Zip Country Zip Country J. Country S. Certificars of Sauta Desired Five Registered Agent Name SANTANA, ELDA Y 1009 N.W. 128 PLACE Sever Address of Number and Address of Numbe	490 FISHERN	MAN STREET	490 FISHE	RMAN STREET			ene sen 23m 23m 23m	ı amtı wa em	is a ndi aika kit	18 3 8 IV 1 177 1
City & State Cony & State City	Principal Place of Business 3. Mailing Address									
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.	Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (11/05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Certification of Status Desired 7. Name and Address of New Registered Agent Name Street Address (IP.O. Box Number is Not Acceptable) City FL Zip Code	City & State	е	City & Star	te						
SANTANA, ELDA Y 1009 N.W. 128 PLACE MIAMI, FL 33162 City City FL Zip Code A. 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, yace a printed rame of inglatered agent and that a applicable. FILE NOWITI FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 After May 1, 2009 Fee will be \$550.00 After May 1, 2009 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME BLEMUR, PIERRE R	Zip	Country Zip			Country	5. Certificate	of Status Desired			
Sant Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered Age	ent		7. Name and	Address of New R	egistered A	gent	
Stock Address (P.O. Box Number is Not Acceptable) City					Name					Ī
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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 suppliescental 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 optrustee empowered to execute hijs report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		[□ Delete	NAME STREET ADDRESS				Change	☐ Addition
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