


2008 FOR PROFIT CORPORATION ANNUAL REPORT

Deposited **FILED**
Mar 17 2008 08:00
Secretary of State

DOCUMENT # P04000030552 1. Entity Name SUNSHINE RESEARCH CENTER INC.	
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Principal Place of Business 490 FISHERMAN STREET OPA LOCKA, FL 33054	Mailing Address 490 FISHERMAN STREET OPA LOCKA, FL 33054
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03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2444932	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANTANA, ELDA Y 1009 N.W. 128 PLACE MIAMI, FL 33182	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000860930 04/02/08-80085-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEMUR, PIERRE R 10940 S.W. 106TH AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTEGA-MENENDEZ, MAITE 5523 HARRISON STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Pierre R. Blemur* **Mar 10 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #