## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000058923

Entity Name: SUNSHINE SERVICES OF MIAMI, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11750 SW 18 ST # 503 MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

11750 SW 18 ST # 503 8666 NW 2 ST MIAMI, FL 33175 8666 NW 2 ST MIAMI, FL 33144

FEI Number: 20-0989216 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SERRA, ANGEL
 SERRA, ANGEL

 11750 SW 18 ST # 503
 8666 NW 2 ST

 MIAMI, FL 33175
 US

 MIAMI, FL 33144
 US

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.

SIGNATURE: SERRA, ANGEL 01/04/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: SERRA, ANGEL Name: SERRA, ANGEL

 Address:
 11750 SW 18 ST # 503
 Address:
 8666 NW 2 ST

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:
 MIAMI, FL 33144

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 SUAREZ, BARBARA
 Name:
 SUAREZ, BARBARA

 Address:
 11750 SW 18 ST # 503
 Address:
 8666 NW 2 ST

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:
 MIAMI, FL 33144

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 SUAREZ, CARIDAD
 Name:
 SUAREZ, CARIDAD

 Address:
 11750 SW 18 ST # 503
 Address:
 8666 NW 2 ST

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:
 MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERRA, ANGEL PD 01/04/2008