

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058923

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUNSHINE SERVICES OF MIAMI, INC.

Current Principal Place of Business:

11750 SW 18 ST # 503
MIAMI, FL 33175

New Principal Place of Business:

11750 SW 18 ST # 503
MIAMI, FL 33175 US

Current Mailing Address:

8666 NW 2 ST
MIAMI, FL 33144

New Mailing Address:

8666 NW 2 ST
MIAMI, FL 33144 US

FEI Number: 20-0989216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SERRA, ANGEL
8666 NW 2 ST
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SERRA, ANGEL
Address: 8666 NW 2 ST
City-St-Zip: MIAMI, FL 33144

Title: SD () Delete
Name: SUAREZ, BARBARA
Address: 8666 NW 2 ST
City-St-Zip: MIAMI, FL 33144

Title: VD () Delete
Name: SUAREZ, CARIDAD
Address: 8666 NW 2 ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SERRA, ANGEL
Address: 8666 NW 2 ST
City-St-Zip: MIAMI, FL 33144 US

Title: SD (X) Change () Addition
Name: SUAREZ, BARBARA
Address: 8666 NW 2 ST
City-St-Zip: MIAMI, FL 33144 US

Title: VD (X) Change () Addition
Name: SUAREZ, CARIDAD
Address: 8666 NW 2 ST
City-St-Zip: MIAMI, FL 33144 US

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: ANGEL SERRA

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date