

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2006 8:00 am
Secretary of State

09-15-2006 90002 001 ***150.00
09-15-2006 90002 002 *****8.75

DOCUMENT # P04000063669	
1. Entity Name A SUNSHINE SCREENS CORP	



Principal Place of Business 355 W 53 TERRACE HIALEAH, FL 33012	Mailing Address 355 W 53 TERRACE HIALEAH, FL 33012
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66024058



2. Principal Place of Business 8038 NW 116 TR	3. Mailing Address 8038 NW 116 TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09122006 Chg-P CR2E034 (11/05)

City & State Hialeah FL	City & State Hialeah FL
Zip 33018	Zip 33018
Country Dode	Country Dode

4. FEI Number 20-1006905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOMEZ, OSCAR J 355 W 53 TERRACE HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name OSCAR J GOMEZ Street Address (P.O. Box Number is Not Acceptable) 8038 NW 116 TR City Hialeah FL Zip Code 33018
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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: **09/13/06**

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 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE GOMEZ OSCAR J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOMEZ, OSCAR J		NAME 8038 NW 116 TR	
STREET ADDRESS 355 W 53 TERRACE		STREET ADDRESS Hialeah FL 33018	
CITY-ST-ZIP HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE: **09/13/06** DAYTIME PHONE: **305-401-2689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR