


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State


05-09-2006 90085 004 ***150.00

DOCUMENT # P04000122971 1. Entity Name SUNSHINE WASTE AND RECYCLING, INC.	
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Principal Place of Business 7455 NW 144TH ST. MIAMI, FL 33014	Mailing Address 7455 NW 144TH ST. MIAMI, FL 33014
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DO NOT WRITE IN THIS SPACE

40085551



05042006 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1586223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, RAFAEL 7455 NW 144TH ST. MIAMI, FL 33014	DO NOT WRITE IN THIS SPACE
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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.

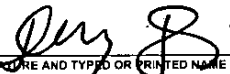
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, RAFAEL 7455 NW 144TH ST. MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIAZ, DAISY 7455 NW 144TH ST. MIAMI, FL 33014
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**DO NOT WRITE
IN THIS SPACE**

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:  5/1/06 305-362-9644
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #