## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 04, 2005 8:00 am Secretary of State

03-04-2005 90093 021 \*\*\*150 00

DOCUMENT # P04000149511  1. Entity Name SUNSHINE KEY INVESTMENTS, INC.								03-04-2005 9	00093 02	1 ***150	.00	
Principal Place of Business 999 PONCE DE LEON BLVD SUITE 720 CORAL GABLES, FL 33134			9:	Mailing Address 999 PONCE DE LEON BLVD SUITE 720 CORAL GABLES, FL 33134					5(	)0225	30	
-	2. Principal Pla	ace of Business	3.	3. Mailing Address								
								9)   <b>9</b>  8   98    98    89 9	J IIRJI BIBIB 1818		III 11 IUII	
Suite, Apt. #, etc.			`	Suite, Apt. #, etc.			02072005	Chg-P	CR2E03	4 (10/03)		
City & State			(	City & State			4. FEI Number	D→ Z/533	98		olied For Applicable	
ľ	Zip	Country	7	Zip .	Country			f Status Desired	_ \$	8.75 Addi		
ŀ		- 6. Name and Address of C	Current Regis	tered Agent			7. Name and A	Address of New Ro		<del> </del>	-	
İ					Name	Name						
DE LA CAL, MARCO 999 PONCE DE LEON BLVD SUITE 720					Street A	Street Address (P.O. Box Number is Not Acceptable)						
l	CORAL GA	ABLES, FL 33134										
l					City				FL	Zip Code		
ŀ		named entity submits this state	ement for the p	ourpose of changing its re	egistered office o	r register	red agent, or both	, in the State of Flo	<u> </u>	miliar with, a	ind accept	
١	the obligati	ons of registered agent.		1								
١	SIGNATURE_	Signature, typed or printed name of registe	ered agent and title	if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE			
ŀ				9. Election Campaig	n Financino	¢.E	00.45					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.							.00 May Be led to Fees					
ŀ	10.	OFFICER	RS AND DIREC	CTORS	11.		ADDITIONS/	CHANGES TO OFF		DIRECTORS	IN 11	
	TITLE NAME	DE LA CAL, MARCO	L + Se	<b>△.</b> □ Delete	TITLE NAME	8	nosident greo De	+ Sea	4 less	Change	Addition	
l	STREET ADDRESS 999 PONCE DE LEON BLVD SUI			R .		\	אל סטייד	Lining				
١	CITY-ST-ZIP	CORAL GABLES, FL 331	134		CITY-ST-ZIP							
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	STREET ADDRESS				STREET ADDRESS			•				
ŀ	CITY-ST-ZIP			□ Delete	CITY-ST-ZIP THLE	-				Change	Addition	
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١	STREET ADDRESS	_		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS						·	
	CITY-ST-ZIP			☐ Detete	CITY-ST-ZIP	<del>-</del>				☐ Change	☐ Addition	
	NAME				NAME							
	STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
	TITLE			☐ Delete	TITLE					☐ Change	Addition	
	NAME STREET ADDRESS				NAME STREET ADDRESS	1				,		
	CITY-ST-ZIP				CITY-ST-ZIP							
	TITLE			☐ Delete	TITLE					☐ Change	Addition	
	NAME CIDEET ADDRESS				NAME							

12. I hereby certify that the information supplied with this filing doe not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 trusted eproported. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

(305) 444 -5500