

2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/3

FILED
Apr 20, 2006 8:00 am
Secretary of State

03-31-2006 90017 042 ***150.00

DOCUMENT # P04000172724

1. Entity Name
SUNSHINE HEAVY EQUIPMENT REPAIR, INC.



Principal Place of Business Mailing Address
1800 NW 24TH AVE APT #505 **1800 NW 24TH AVE APT #505**
MIAMI, FL 33125 **MIAMI, FL 33125**

66011028



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03192008 Chg-P CR2E034 (11/05)

City & State City & State

Zip Country Zip Country

4. FEI Number
20-2092556 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ADA M
1800 NW 24TH AVE APT #505
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Ada M. Fernandez* DATE: _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|--|
| TITLE | P | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERNANDEZ, ADA M | NAME | FREDDY @ QUENDO |
| STREET ADDRESS | 1800 NW 24TH AVE APT #505 | STREET ADDRESS | 8528 N.W. 198ST |
| CITY-ST-ZIP | MIAMI, FL 33125 | CITY-ST-ZIP | MIAMI, FL 33015 |
| TITLE | VP | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORIAS, JUAN C | NAME | |
| STREET ADDRESS | 1800 NW 24TH AVE APT #505 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33125 | 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 | |
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| 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: *Ada M. Fernandez* DATE: 3/19/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #