2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REFORT							The state of the s				
DOCUMENT # P04000172724							FILED				
1. Entity Name SUNSHINE HEAVY EQUIPMENT REPAIR, INC.						07 MAR 12 PM 12: 59					
Principal Place of Business Mailing Address						JECHETARY OF STATE TALLAHASSEE, FLORIDA					
1800 NW 24TH AVE APT #505 1800 NW 24TH AVE APT #5 MIAMI, FL 33125 MIAMI, FL 33125					5		IALLAN	ASSE	C, FLURIDA		
Principal Place of Business - No P.O. Box # 3. Mailing Address										PAREL (ILLIA) India il indi	
8529 NW 1985+ 8528 NW 198							ITIN ete ti et iti etet	 	U nia urii intin Unii ri		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	HIAM.			Chg-P	С	R2E034 (12/06)		
City & State	City & State 4. AM: FL		City & State MIAM	FC	4. FEI Number 20-2092556		Applied For Not Applicable				
^{Zip} 33	015	Country U·S	Zip 33015	Coun	^{try} U.S	5. Certificate of	of Status Desire	d [\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent Name							7. Name and Address of New Registered Agent				
FERNAND 1800 NW 2 MIAMI, FL	24TH AVE	M EAPT #505	Street Address (P.O. Box Number is Not Acceptable)								
					8528 NW 1986+						
			· <u>-</u> .		City MIAMI FL SEO15						
8. The above the obligat	named entit tions of regis	ty submits this statement for tered agent	the purpose of changing its	registere	ed office or registe	ered agent, or both	, in the State of	Florida.	I am familiar with,	and accept	
SIGNATURE											
Signature, typed or printed nor for registered agent and trie 4 applicable. (NOTE Registered Agent agent agent registered when renstating) CATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution											
10.		OFFICERS AND E	DIRECTORS	11.		ADDITIONS/	HANGES TO	OFFICER:	S AND DIRECTOR	S IN 11	
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CITY-ST-ZiP	ļ				ST-ZIP		K. ECKei	C.fl.at.			
12. I hereby certify that the information supplied with this kind does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental rooms to that any signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trust fe employered 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											
SIGNAT	URE: _	SIGNATURE AND TXP OF UR	ENTED NOT SIGNING OFFICER (NO DIOSCO	'00'		Date		Davidson Charles		
		WWW. WILE AND DAY OF THE	Property of Charles Charles (~~ PIKET (un		Date		Daytme Phone #		