

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 12 PM 12: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000172724</b> 1. Entity Name <b>SUNSHINE HEAVY EQUIPMENT REPAIR, INC.</b>			
Principal Place of Business <b>1800 NW 24TH AVE APT #505 MIAMI, FL 33125</b>		Mailing Address <b>1800 NW 24TH AVE APT #505 MIAMI, FL 33125</b>	
2. Principal Place of Business - No P.O. Box # <b>8528 NW 198 St</b> Suite, Apt. #, etc.		3. Mailing Address <b>8528 NW 198 St</b> Suite, Apt. #, etc. <b>MIAMI</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33015</b> Country <b>U.S</b>		Zip <b>33015</b> Country <b>U.S</b>	
4. FEI Number <b>20-2092556</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FERNANDEZ, ADA M 1800 NW 24TH AVE APT #505 MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name <b>FREDDY Oquendo</b> Street Address (P.O. Box Number is Not Acceptable) <b>8528 NW 198 St</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33015</b>	
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: <u></u> (NOTE: Registered Agent signature required when reappointing) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>500093707065</b> 03/19/07--01002--025 **150.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>QUENDO, FREDDY</b> <b>8528 NW 198 ST</b> <b>HIALEAH, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u></u> Date: _____ Daytime Phone #: _____			

K. Eckel MAR 12 2007