

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90201 012 ***150.00

DOCUMENT # P05000033478 1. Entity Name SUNSHINE MEDICAL COORDINATOR, INC					
Principal Place of Business 570 SW 92 OASS MIAMI, FL 33174			Mailing Address 570 SW 92 OASS MIAMI, FL 33174		
2. Principal Place of Business 570 SW 92 PASS		3. Mailing Address 570 SW 92 PASS			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 43-2078233	
Zip 33174		Country Miami-Dade		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINONES, DAMARIS 570 SW 92 OASS MIAMI, FL 33174			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 _____ Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when necessary.)					
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. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST QUINONES, DAMARIS 570 SW 92 OASS MIAMI, FL 33174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 110, Election 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>Damaris Quinones</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/13/06 786-399-9922		

ATTACHMENT 40082915
~~# PD5000033478~~

CORPORATE MINUTE SERVICES
Corporate Business Division
3539 Apalachee Pkwy PMB 3-155
Tallahassee, FL, 32311

April 6, 2006

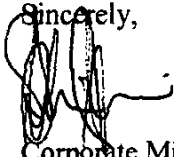
Legacy Signage, Inc.
4165 NW 132nd Street, # Bay 6
Miami, FL, 33054

Dear Corporate Officer:

Please find enclosed your completed 2006 Corporation Annual Report and your full payment of \$150.00 Check No: 1099 for the preparation and fulfillment of your Annual Report for your corporation. **However you sent this to us in error and should be mailed elsewhere, visit www.sunbiz.org if your looking for the Secretary of Stat.**

Thank you for your attention to this matter.

Sincerely,



Corporate Minute Services
Fulfillment Department

ATTACHMENT
40082915
P05000033478

May 1, 2006

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Gentlemen,

On February 14, 2006 we mailed our 2006 AR, alone with our check # 1099, in the amount of \$ 150.00.

Now, last week we received our 2006 AR and our check in the mail from a person who we do not know (see letter enclosed), this letter says in Spanish that our check and AR was returned to him alone with his check.

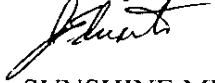
Also there is a letter from the company that returned to him his check and our documents(check & AR), also letter from that company in enclosed.

This CORPORATE MINUTE SERVICES, is unknown to us, and we do have any idea how the whole thing happened.

Please help us in solving the whole thing, and let us know the status of our Company.

Thank you for your attention to this matter,

Sincerely,



SUNSHINE MEDICAL COORDINATOR INC
Jose C Eduarte, Controller

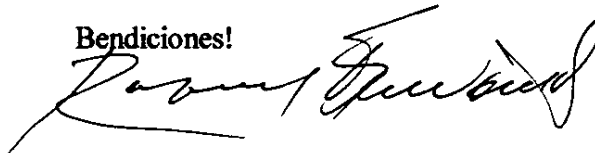
Encl.: Corporate Minute Services letter
Legacy Signage letter (Spanish letter)
2006 AR for our Company
Check # 1099 dated 2/14/06 in the amount of \$ 150.00, payable to :
Florida Department of State.

ATTACHMENT
40082915
P05000033478

April 15, 2006

Buenos dias, mi nombre es Rafael Fernandez, (Legacy Signage) por error,
Ud. Y yo mandamus el Check de las Cooperaciones, a "Corporate Minute Services"
Despues de mas de un mes, me devuelven mi check, y tambien el de Ud.
Le estoy mandando su check y una copia de la carta que me mandaron a mi, si tiene
Alguna pregunta, o le puedo ayudar en algo por favor de llamarme

Bendiciones!



Legacy Signage
P.O. Box 172037
Hialeah, FL 33017-2037
Tel: 305-687-5052