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	Mailing Address
570 SW 92 OASS MIAMI, FL 33174	570 SW 92 OASS MIAMI, FL 33174

02132006 Chg-P CR2E034 (11/05)

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
Zip	33174	Zip	33174
Country	Miami-Dade	Country	Miami-Dade

4. FEI Number 43-2078233 ☐ Applied For ☐ Not Applicable

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 title if applicable. NOTE: Registered Agent signature required when reinstating

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

TITLE	PST	☐ Delete
NAME	QUINONES, DAMARIS	
STREET ADDRESS	570 SW 92 OASS	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Damaris Quinones 2/13/06 786-399-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 400829I5
#P05000033478

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
400822915
#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 Eduartez, 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
H00082915
P05000033478

April 15, 2006

Buenos dias, mi nombre es Rafael Fernandez, (Legacy Signage) por error,
Ud. Y yo mandamus el Check de las Coorporaciones, 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