

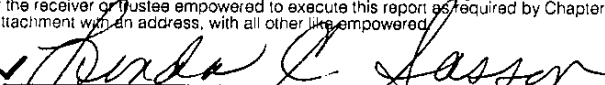


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000114758		
1. Entity Name SUNSHINE REALTY OF SOUTH FLORIDA, INC.		
Principal Place of Business 1150 NW 72ND AVE SUITE 500 MIAMI, FL 33126		Mailing Address 1150 NW 72ND AVE SUITE 500 MIAMI, FL 33126
DO NOT WRITE IN THIS SPACE		
		 04152007 No Chg-P CR2E034 (11/05)
4. FEI Number 20-3325100		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SASSON, LINDA C 1150 NW 72ND AVE SUITE 500 MIAMI, FL 33126		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000742532 05/15/07-80071-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SASSON, LINDA C 1636 SW 136 PLACE MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WALZER, MARK B 9208 NE 73RD STREET TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-26-07 <small>Daytime Phone #</small>