


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000025793		
1. Entity Name SUNSHINE REALTY & DEVELOPMENT, CORP.		

FILED  
2008 JAN 18 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 12585 NE 7 AVE SUITE 100 NORTH MIAMI, FL 33161 US	Mailing Address 3158 NW 50 ST MIAMI, FL 33142 US
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2. Principal Place of Business - No P.O. Box # 2033 West 62 St Suite 280 City & State Hialeah, Florida Zip 33010 Country USA	3. Mailing Address 2033 West 62 St Suite 280 City & State Hialeah, Florida Zip 33010 Country USA
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01172008 Chg-P CR2E034 (12/06) JS

4. FEI Number  
84-1703090  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HURTADO, ETIEN 3158 NW 50 ST MIAMI, FL 33142	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2033 West 62nd St - Suite 280 City Hialeah FL Zip Code 33010	
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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 \_\_\_\_\_ Jan. 17, 2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HURTADO, ETIEN 3158 NW 50 ST MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Delfin Pin 2033 West 62 St - Suite 280 Hialeah, FL 33010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORENZO, LUBENA 3158 NW 50 ST MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Etien Hurtado 2033 West 62 St - Suite 280 Hialeah, FL 33010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lubena Lorenzo 2033 West 62 St - Suite 280 Hialeah, FL 33010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500117921945 02/13/08--01005--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Jan. 17, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #