

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000056640 1. Entity Name MIAMI SUNSHINE MORTGAGE CORPORATION	
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Principal Place of Business 19800 SW 180TH AVE 498 MIAMI, FL 33187	Mailing Address 19800 SW 180TH AVE 498 MIAMI, FL 33187
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4738575	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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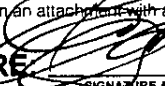
6. Name and Address of Current Registered Agent MARTINEZ, EDNA P 19800 SW 180TH AVE 498 MIAMI, FL 33187	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	000000948981 06/03/08-80010-003 150.00 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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*10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MARTINEZ, EDNA P 19800 SW 180TH AVE #498 MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDES, ANTONIA 19800 SW 180TH AVE 498 MIAMI, FL 33187
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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>	4/15/08 <small>Date</small>	226-252-5831 <small>Daytime Phone #</small>
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