

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000102957

1. Entity Name
SUNSHINE CMV CLEANING, INC.



Principal Place of Business
3900 NW 92ND AVENUE
FORT LAUDERDALE, FL 33351

Mailing Address
3900 NW 92ND AVENUE
FORT LAUDERDALE, FL 33351

DO NOT WRITE IN THIS SPACE

**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90392 023 ***150.00

4600000000



02232008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5353666	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH K. NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RAMOS, CARLOS 3900 NW 92ND AVENUE FORT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAMOS, MARTHA 3900 NW 92ND AVENUE FORT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #