

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 038 ***150.00

DOCUMENT # P06000120591

1. Entity Name
RM SUNSHINE INC



Principal Place of Business
**704 LAKE EMERALD AVE
ORANGE CITY, FL 32763 US**

Mailing Address
**PO BOX 391623
DELTONA, FL 32739 US**

40038813



2. Principal Place of Business - No P.O. Box #
577 Deltona Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite#15

Suite, Apt. #, etc.

City & State
Deltona, FL

City & State

Zip Country
32725 U.S.A

Zip Country

03062007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5574073 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORERA, RONNY
704 LAKE EMERALD AVE
ORANGE CITY, FL 32763**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SENTIMANAT, CARLOS
STREET ADDRESS 2004 PRESCOTT BLVD.
CITY-ST-ZIP DELTONA, FL 32738 ☒ Delete

TITLE P
NAME Morera, Ronny
STREET ADDRESS 704 Lake Emerald Ave.
CITY-ST-ZIP Orange City, FL 32763 ☐ Change ☒ Addition

TITLE VP
NAME MORERA, ROSA
STREET ADDRESS 704 LAKE EMERALD AVE
CITY-ST-ZIP ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Rosa A. Morera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

407 416-2150

Daytime Phone #