

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000024771

**FILED**  
**Mar 31, 2009**  
**Secretary of State****Entity Name:** SUNSHINE GOLD CARE INC.**Current Principal Place of Business:**16400 COLLINS AVE STE 546  
SUNNY ISLES BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**16400 COLLINS AVE STE 546  
SUNNY ISLES BEACH, FL 33160**New Mailing Address:****FEI Number:** 26-2543221**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**REKBLATT, SOPHIA  
16400 COLLINS AVE STE 546  
SUNNY ISLES BEACH, FL 33160 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** REKBLATT, SOPHIA  
**Address:** 16400 COLLINS AVE STE 546  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**Title:** S ( ) Delete  
**Name:** DALIS, ELENA  
**Address:** 209 GOLDEN BEACH DR  
**City-St-Zip:** GOLDEN BEACH, FL 33160**Title:** T (X) Delete  
**Name:** SHVARTSMAN, RUFINA  
**Address:** 3101 SO. OCEAN DRIVE #907  
**City-St-Zip:** HOLLYWOOD, FL 33019**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** SHVARTSMAN, RUFINA  
**Address:** 3101 SO. OCEAN DRIVE #907  
**City-St-Zip:** HOLLYWOOD, FL 33019**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIA REKBLATT

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date