

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024771

Entity Name: SUNSHINE GOLD CARE INC.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16275 COLLINS AVE  
1801  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

16275 COLLINS AVE  
1801  
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  
16275 COLLINS AVE  
1801  
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  
Name: REKBLATT, SOPHIA  
Address: 16275 COLLINS AVE STE 1801  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: T  
Name: SHVARTSMAN, RUFINA  
Address: 3101 SO. OCEAN DRIVE #907  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

SIGNATURE: SOPHIA REKBLATT

PD

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date