

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051473

Entity Name: SUNSHINE KICKERS F.C. INC.

FILED  
Apr 19, 2009  
Secretary of State

## Current Principal Place of Business:

1155 NE 156TH ST.  
N. MIAMI BCH, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

1155 NE 156TH ST.  
N. MIAMI BCH, FL 33162

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDMUND, NIXEY  
1155 NE 156TH ST.  
N. MIAMI BCH, FL 33162 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EDMUND, NIXEY  
Address: 1155 NE 156TH ST.  
City-St-Zip: N. MIAMI BCH, FL 33162

Title: D ( ) Delete  
Name: WILSON, ERROL  
Address: 6809 SW 20TH CT.  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: GIBBS, RHONDA  
Address: 221 NW 177 ST., APT. 201  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: HAVEN, SAMUEL  
Address: 8356 NW 145TH ST.  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: NATERA, TONY  
Address: 7726 NW 200 ST.  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NIXEY EDMUND

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date