

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092526

FILED
May 01, 2009
Secretary of State

Entity Name: SUNSHINE RENT A CAR & TRANSPORTATION INC.

Current Principal Place of Business:

VILLAGE THEODAT RUE A # 13
CLERCINE TABARRE
PORT-AU-PRINCE HAITI,

New Principal Place of Business:

VILLAGE THEODAT RUE A # 13
CLERCINE TABARRE
PORT-AU-PRINCE HAITI, WI

Current Mailing Address:

8730 SW 21ST STREET
MIRAMAR, FL 33025

New Mailing Address:

8730 SW 21ST STREET
MIRAMAR, FL 33025

FEI Number: 26-3534680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAM, FABY
8730 SW 21ST STREET
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

ADAM, FABY
8730 SW 21ST STREET
MIRAMAR, FL 33025 US

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAM, FABY
Address: 8730 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

Title: P () Delete
Name: ADAM, VANESSA
Address: 8730 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAM, FABY
Address: 8730 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

Title: V (X) Change () Addition
Name: ADAM, VANESSA
Address: 8730 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

Title: SECR () Change (X) Addition
Name: PAULEMON, MARC
Address: VILLAGE THEODAT RUE A # 13
City-St-Zip: CLERCINE TABARRE, P-AU-P, WI

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: ADAM FABY

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date