


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P94000019596 1. Entity Name SUNSHINE COMMUNICATION SERVICES, INC. |  |
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| Principal Place of Business 159 MADEIRA AVE CORAL GABLES, FL 33134 | Mailing Address 159 MADEIRA AVE CORAL GABLES, FL 33134 |
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0598225 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KASS, MORTIMER
9000 S.W. 87 COURT
SUITE 103
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GROSS, ANDREW 7605 SW 166 TR MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GROSS, PETER 11850 SW 89TH AVE MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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03/26/05-80042-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/24/05 305-442-1144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #