## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P94000019761** 1. Entity Name SUNSHINE TERMINAL 8 CORPORATION



**FILED** Jan 30, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business 1521 NW 165TH STREET MIAMI, FL 33169 US

MIAMI, FL 33169

Mailing Address

1521 NW 165TH STREET MIAMI, FL 33169 US



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

01042006 No Chg-P		CR2E034 (11/05)			
4. FEI Number			Applied For		
65-0483	3500		Not Applicable		
5. Certificate	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent NAPOLITANO, MARC 1521 NW 165TH STREET

## DO NOT WRITE IN THIS SPACE

No Chg-P

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 little if applicable. (NOTE: Registered Agent signature required when reliablishing)  DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	<sup>'</sup> □	\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD NAPOLITANO, MARC 1521 NW 165TH STREET MIAMI, FL	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPOLITANO, ANGELO 1521 NW 165TH STREET MIAMI, FL			-	000000407231 02/08/06-80008-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			=-	<del></del> ,	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in <sup>-</sup>	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u>.</u>			
NAME STREET ADDRESS CITY-ST-ZIP	_						
12. I hereby of indicated of the cor changed,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowers or on an attachment with an address, with all	ling does not qualify for the exemp and accurate and that my signature to execute this report as required to other like empowered.	tions cor shall hav by Chapt	stained in Chapter 119 te the same legal effecter 607, Florida Statute	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if		