## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2007 08:00 AM **DOCUMENT # P94000019761 Secretary of State** 1. Entity Name SUNSHINE TERMINAL 8 CORPORATION Principal Place of Business Mailing Address 1521 NW 165TH STREET 1521 NW 165TH STREET MIAMI, FL 33169 US MIAMI, FL 33169 US No Chg-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0483500 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent The she which where I half as Marie I had been a hard DO NOT WRITE NAPOLITANO, MARC **1521 NW 165TH STREET** MIAMI, FL 33169 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAPOLITANO, MARC NAME 1521 NW 165TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL V00000598885 01/25/07-80084-022-150.00 TITLE NAME NAPOLITANO, ANGELO STREET ADDRESS **1521 NW 165TH STREET** CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP and the confinite the same NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

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CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-10.07

305.420 6929

**FILED** 

Daytime Phone #