


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000043739	
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1. Entity Name SUNSHINE SUMMER CAMP INC.	Principal Place of Business 12120 SW 4TH TER MIAMI, FL 33184	Mailing Address 12120 SW 4TH TER MIAMI, FL 33184
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0500021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VELAZQUEZ, EMMA
12120 SW 4TH TER
MIAMI, FL 33184

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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) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000128373 04/26/04-80035-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	VELAZQUEZ, EMMA
STREET ADDRESS	12120 SW 4TH TER
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	DVT
NAME	VELAZQUEZ, JOSE M
STREET ADDRESS	12120 SW 4TH TERR.
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Emma Velazquez* (EMMA VELAZQUEZ) **4/22/04** **305-261-6251**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #