PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000022925

SUNSHINE CLEANING & PAINTING SERVICES, INC.

Mailing Address

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90061 042 ***158.75



orpui i ioi	DO OF DEGITIONS			1			
NW 116		1535 NW 116 ST.					
. FL 3310	67	MIAMI FL 33167		50 115	ST MIDITE IN THIS OF	34CE	
					OT WRITE IN THIS SE	ACE	
				3. Date Incorporated or C	jualited		
				03/13/1996			
	Place of Business	2a. Mailing Address		4. FEI Number			plied For
53	5-N.W. 116251.	. 26 P.O.BOX 6800	0/23	65-0660194		· No	t Applicable
ite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status De	sired	\$8.75 /	Additional
		27		5. Cermicate of Status De	sired 💌	Fee Re	quired
ty & Sta	te.	City & State		6. Election Campaign Fin.	encina —	\$5.00	May Be
[ia.	al Fi	28 MIAMI F	1 -	Trust Fund Contribution	7	Added t	•
) [111]	Country	Zip	Country	8. This corporation owes			
33	167 25 11.5.	- AAUG G	30 L.S.	Personal Property Tax.] Yes	□No
ンシ			30 0 0	10. Name and Address o			
	9. Name and Address of Curre	nt Registered Agent	81 Name	10, Name and Address o	I New Kedistalen M	ent_	
601	AND HEIDODDA		a i Name		•		
	LANO, HELIODORA		82 Street Add	fress (P.O. Box Number is Not	Acceptable)		
	5 NW 116 ST.						
MIA	MI FL 33167		83				
						1	
			84 City		E 1	85 Zip (Code
					<u> </u>	٠,	
ersuari effice or	registered agent or both in the State	of Florida, Such change was a	ithorized by the cornerat	ion's board of directors. I hereb	v accept the appointm	nent as re	nistered
igent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes.		,		•
	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE		
	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTO	RS IN 12
-	DP	☐ DELETE	1.1 TITLE] Change	Addition
	SOLANO, HELIODORA		12 NAME				
ADDRESS	1858 1811 115 AT		1.3 STREET ADDRESS				
			l i				
T-ZIP	MIAMI FL 33167		1.4 CITY-ST-ZIP			7.05	
	DV	☐ DELETE	2.1 TITLE		L] Change	Addition
	Rodriguez, Julio		2.2 NAME	•			
ALIUNESS	1535 NW 116 ST.		2.3 STREET ADDRESS	25			
r-ziP	MIAMI FL 33167		2. 4 CITY-ST-ZIP		•		
-Zir	1711/1711/12 50 107	☐ DELETE	3.1 TITLE			Change	Addition
		₩ ₽₽₽₽,€			٠ .		
			3.2 NAME				
ACCRESS			3.3 STREET ADDRESS				
[-Z P			3.4. CITY-ST-ZIP				
		☐ DELETE	4.1 TITLE			Change	☐ Addition
	1		4. 2 NAME		•		
ADODECO							
ADDRESS	1		4.3 STREET ADDRESS				
-ZIP	ļ		4.4 C/TY-ST-Z/P			7.00	
			5.1 TITLE		{] Change	☐ Addition
		☐ DELETE			_		
ALIUKE33		☐ DELETE	5.2 NAME	· · · · · · · · · · · · · · · · · · ·	_		
		☐ OELETE					
710		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS				
_			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			T Change	□ Addition
_		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE] Change	☐ Addition
			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME] Change	☐ Addition
- ADDRESS			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		- Γ] Change	☐ Addition

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.