

FILED
Mar 03, 2008 8:00 am
Secretary of State


1

01-22-2008 90046 035 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**


DOCUMENT # P97000042145

1. Entity Name
 SUNSHINE OVERSEAS, INC.



Principal Place of Business 1835 NW 11 ST MIAMI, FL 33125	Mailing Address 1835 NW 11 ST MIAMI, FL 33125
---	---

66002041



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0751722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSAL, ROBERT M
 1835 NW 11 ST
 MIAMI, FL 33125

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 _____ (NOTE: Registered Agent signature required when constituting)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSAL, ROBERT M 1835 NW 11 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSAL, ALBA E 1835 NW 11 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

SIGNATURE: Robert M Rosal 2/27/08 786 331 8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #