2008 FOR PROFIT CORPORATION

Apr 09, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P97000066522 SUNSHINE COLOR TECH. INC. Principal Place of Business Mailing Address 3800 SW 106 AVE 3800 SW 106 AVE US MIAMI, FL 33165 MIAMI, FL 33165 No Chg-P CR2E034 (11/05) 03242008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0771568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALFONSO, MARIA DO NOT WRITE 3800 SW 106 AVE MIAMI, FL 33165 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. n4/18/n8-80078-024 150.00 TITLE ALFONSO, MARIA NAME STREET ADDRESS 3800 SW 106TH AVE. MIAMI, FL 33165 CITY-ST-ZIP TITLE VP VISBAL, RICARDO NAME 3800 SW 106TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED