


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90044 022 ***150.00

DOCUMENT # P97000085440 1. Entity Name SUNSHINE SHORES APTS., INC.	
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Principal Place of Business 101 BLOSSOM LANE PALM BEACH SHORES, FL 33404	Mailing Address 207 SANDAL LN PALM BEACH SHORES, FL 33404
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DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0785783	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART, JAMES M 1211 THE PLAZA SINGER ISLAND, FL 33404
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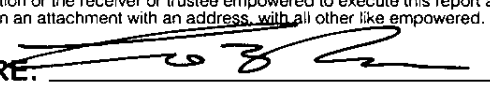
**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS LAROSA, PATRICIA 207 SANDAL LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAROSA, ANGELO 207 SANDAL LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M LAROSA, DEREK 101 BLOSSOM LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/9/06</u> <u>561-863-1268</u> <small>Daytime Phone #</small>

ATTACHMENT

40013880

#P97 000085440

INSTRUCTIONS

STATE OF FLORIDA UNIFORM BUSINESS REPORT.

- 1. PLEASE SIGN AS INDICATED AT THE BOTTOM OF FORM**
- 2. INCLUDE CHECK MADE PAYABLE TO "FLORIDA DEPARTMENT OF STATE"**
- 3. CHECK AMOUNT \$150.00**
- 4. REFERENCE YOUR DOCUMENT NUMBER ON YOUR CHECK**
- 5. MAIL IN ENCLOSED ENVELOPE - FILE NOW!**