2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000085440

1. Entity Name
SUNSHINE SHORES APTS., INC.

Principal Place of Business	Mailing Address
101 BLOSSOM LANE PALM BEACH SHORES, FL 33404	207 SANDAL LN PALM BEACH SHORES, FL 33404

DO NOT WRITE IN THIS SPACE

02122008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0785783	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES M
1211 THE PLAZA
SINGER ISLAND, FL 33404

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 _____
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, 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	TS
NAME	LAROSA, PATRICIA
STREET ADDRESS	207 SANDAL LANE
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	P
NAME	LAROSA, ANGELO
STREET ADDRESS	207 SANDAL LANE
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	M
NAME	LAROSA, DEREK
STREET ADDRESS	101 BLOSSOM LANE
CITY-ST-ZIP	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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U00000831485
02/27/08-80020-021 150.00

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: X _____ Angelo LaRosa Pres.   2/14/08   561863-1268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #