


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000095654	
1. Entity Name SUNSHINE REEF INC.	

Principal Place of Business CALVO, LIZABETH F PA 328 CRANDON BLVD STE 226 KEY BISCAVNE, FL 33149 US	Mailing Address LOEB, BLOCK & PARTNERS LLP 505 PARK AVE 9TH FL NEW YORK, NY 10022 US
--	---

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3476592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CALVO, LIZABETH F PA 328 CRANDON BLVD., SUITE 226 KEY BISCAVNE, FL 33149
--

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

U00000554548  
05/15/06-80096-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS NOTTEBOHM, JOHANN D. 505 PARK AVE 9TH FL NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GOETZ, THOMAS RAINER 505 PARK AVE 9TH FL NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BEKELE, DANIEL 505 PARK AVENUE, 9TH FLOOR NEW YORK, NY 10022
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: Daniel Bekele Daniel Bekele, 4/19/06 212-755-5510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #