

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000098708

**FILED  
Apr 21, 2009  
Secretary of State**

**Entity Name:** SHINE MAINTENANCE ELECTRICAL CONTRACTORS, CORP.

**Current Principal Place of Business:**

3876 N. W. 125 TERR  
OPALOKCA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

3876 N. W. 125 ST  
OPALOCKA,, FL 33054

**New Mailing Address:**

**FEI Number:** 65-0799622      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, ROBERTO  
4200 SW 153RD STREET  
MIRAMAR, FL 33027      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MARTINEZ, ROBERTO  
Address: 4200 S.W. 153RD ST  
City-St-Zip: MIRAMAR, FL 33027

Title: VD      ( ) Delete  
Name: SANTOS, FRANCISCO  
Address: 5333 COLLINS AV. # 101  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D      ( ) Delete  
Name: MARTINEZ, VIOLY  
Address: 4200 S. W. 153 TERR  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIOLY MARTINEZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

OFFI

04/21/2009

\_\_\_\_\_ Date