2006 FOR PROFIT CORPORATION

FILED 06 DEC 28 AM 9: 12 DOCUMENT # P98000050560 1. Entity Name SUNSHINE CLEANERS INC. Principal Place of Business Mailing Address 6177 JOG RD, D-16 6177 JOG RD, D-16 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **b**1282006 REIN-P CR2E098 (11/05) City & State City & State 4. FEI Number Applied For 65-0847399 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Requirea 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHERRES, ENQIEURQ Street Address (P.O. Box Number is Not Acceptable) 6177 JOG ROAD, B-16 LAKE WORTH, FL 33467 City 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) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VΡ TITLE ☐ Defete TITLE Change ☐ Addition BENITEZ, CLAUDIA NAME NAME STREET ADDRESS 11660 WATERBEND COURT STREET ADDRESS **150.00 CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITI F **TSD** Detete TITLE ☐ Change ☐ Addition CHERRES, ENRIQUE NAME NAME STREET ADDRESS 11660 WATERBEND COURT STREET ADDRESS CITY-ST-ZIP WELLINGOTN, FL 33414 CITY-ST-ZIP TITLE _ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP es to qualify for the exemptions contained in Chapter 119 Fig/da Statutes curaly and that my signature shall have the same legal effect as it made unde-equal his report as required by Chapter 607, Florida Statutes; and that my na the empowered. I hereby certify that the information supplied with this indicated on this report or supplemental report is type and It further certify that the information oath; that I am an officer or director se appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add GNING OFFICER OR DIRECTOR Daytime Phone