


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90376 004 \*\*\*150.00


|                                                 |  |                                                                                   |
|-------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000050560</b>                  |  |  |
| 1. Entity Name<br><b>SUNSHINE CLEANERS INC.</b> |  |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>6177 JOG RD, D-16<br/>LAKE WORTH, FL 33467</b> | Mailing Address<br><b>6177 JOG RD, D-16<br/>LAKE WORTH, FL 33467</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |     |         |
|--------------|--------------|-----|---------|
| City & State | City & State |     |         |
| Zip          | Country      | Zip | Country |

400037



01312007 Chg-P CR2E034 (12/06)

|                                                                                       |  |                                                                                       |
|---------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>65-0847399</b>                                                    |  | Applied For<br>Not Applicable                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/>                             |  | <b>\$8.75</b> Additional Fee Required                                                 |
| <b>6. Name and Address of Current Registered Agent</b>                                |  | <b>7. Name and Address of New Registered Agent</b>                                    |
| <b>CHERRES, ENQIEURO</b><br><b>6177 JOG ROAD, B-16</b><br><b>LAKE WORTH, FL 33467</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |

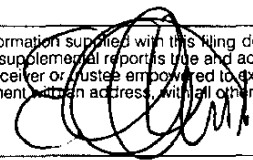
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                                    |                                                                                  |                                    |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|
| <b>FILE NOW!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BENITEZ, CLAUDIA<br>11660 WATERBEND COURT<br>WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TSD<br>CHERRES, ENRIQUE<br>11660 WATERBEND COURT<br>WELLINGOTN, FL 33414 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 reports 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:**  **02/03/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #