


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000011025</b>		
1. Entity Name <b>SUNSHINE MONUMENTS AND CREMATION URNS, INC.</b>		
Principal Place of Business <b>16115 SW 117 AVE STE-A13 MIAMI, FL 33177</b>	Mailing Address <b>16115 SW 117 AVE STE-A13 MIAMI, FL 33177</b>	



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0897239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**SANTOS, CARMEL  
16115 SW 117TH AVE, STE A-13  
MIAMI, FL 33177**

**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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST SANTOS, CARMEL 16115 SW 117TH AVE, STE A-13 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCH SANTOS, SERGIO E 16115 SW 117TH AVE, STE A-13 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000342427  
04/29/05-80054-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carmel Santos 42705 305 969-9669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #