FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am Secretary of State P99000019887 DOCUMENT # 1. Entity Name 05-20-2002 90114 022 ***150.00 SUNSHINE ENTERTAINMENT GROUP, INC. Principal Place of Business Mailing Address 2573 TRABB AVE 2588 SW 27TH AVE APT D MIAMI FL 33133 MIAM! FL 33133 2. Principal Place of Rusines 3. Mailing Address 3041 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2149632 Coconut Grove, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33133 Miami Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Address MANZANERO, JUAN PABLO > 3041 SW 28th. Lane 2573 TRAPP AVE APT D Coconut grove, **COCONUT CREEK FL 33133** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9.-This corporation is aligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01) MANZANERO, JUAN PABLO NAME NAME 28th LANE 2800E, EL 33133 3041 CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-7IP TITLE ≫ 🔲 · Delete -TITLE ... ☐ Change . Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINT

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