

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


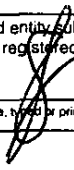
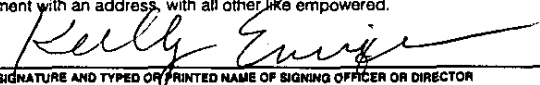


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04 OCT 28 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P99000062570</b> 1. Entity Name <b>SUNSHINE VENTURES, INC.</b>					
Principal Place of Business 2198 N.W. 126TH AVENUE PEMBROKE PINES, FL 33028			Mailing Address 2198 N.W. 126TH AVENUE PEMBROKE PINES, FL 33028		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0939996	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ENRIQUEZ, STEPHEN C 1 SE 3RD AVE., #1400 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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>Amended AR is \$61.25</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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ENRIQUEZ, KELLY A 2198 N.W. 126TH AVENUE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042284973 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/28/04--01046--015 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ENRIQUEZ, STEPHEN C 2198 N.W. 126TH AVENUE PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEETHAM, RICHARD 2198 NW 126 AVE PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIELI, TAMARA 2198 NW 126 AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 10/26/04		Daytime Phone #: 205-377-0707