

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068597

FILED
Apr 13, 2009
Secretary of State

Entity Name: QUINTERO'S SUNSHINE ASSOCIATION, INC.

Current Principal Place of Business:

6960 RUE VENDOME
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

5222 SW 154 PL
MIAMI, FL 33185

New Mailing Address:

FEI Number: 65-0938928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANO, JANET
5222 SOUTHWEST 154 PLACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUINTERO, SONIA
Address: 2034 ASHBY AVENUE, #12
City-St-Zip: BERKLEY, CA 94703

Title: VD () Delete
Name: QUINTERO, GERMAN
Address: 5222 SW 154 PLACE
City-St-Zip: MIAMI, FL 33185

Title: SD () Delete
Name: CANO, JANET
Address: 5222 SW 154 PLACE
City-St-Zip: MIAMI, FL 33185

Title: TD () Delete
Name: NELSON QUINTERO, LUIS
Address: 9332 SW 169 AVE.
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: PERDOMO DE QUINTERO, CONCEPCION
Address: 9332 SW 169 AVE.
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: QUINTERO, MARTHA CECILIA
Address: 9332 SW 169 AVENUE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERMAN A. QUINTERO

V-PR

04/13/2009

Electronic Signature of Signing Officer or Director

Date