

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068597

FILED  
Apr 11, 2011  
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:**

24301 SW 182ND AVENUE  
MIAMI, FL 33031

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: QUINTERO, SONIA  
Address: 834 54TH STREET  
City-St-Zip: OAKLAND, CA 94608

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GERMAN QUINTERO

VD

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date