


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S76405</b>	
1. Entity Name <b>SUNSHINE EQUITIES CORP.</b>	

Principal Place of Business <b>50 LA GORCE CIRCLE MIAMI, FL 33141 US</b>	Mailing Address <b>C/O LOPEZ ROMERO &amp; MONTELLONE, PC 551 FIFTH AVENUE STE 417 NEW YORK, NY 10176</b>
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**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-3128592</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GARCIA, ALEX MR C/O 50 LA GORCE CIRCLE MIAMI BEACH, FL 33141</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, MARTA E 551 5TH AVE #417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERES, JOSE I 50 LA GORCE CIRCLE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERES, MARIA HELENA K 50 LA GORCE CIRCLE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMERO, LUIS ALFREDO 551 FIFTH AVE. NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/12/07-80004-027 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	<b>Luis Alfredo Romero, Treas.</b> 5/29/07 (212) 661-3695
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone *</small>