

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90556 010 ***158.75

DOCUMENT # S-95-472

1. Entity Name

Sunshine Maids' Service Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

330 S.E. 2ST

Suite, Apt. #, etc.

203-G

3. Mailing Address

330 S.E. 2ST

Suite, Apt. #, etc.

203-G

City & State

Hallandale Fl.

City & State

Hallandale Fl.

Zip

33009

Country

Broward

Zip

33009

Country

Broward

4. FEI Number

65-0288671

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ninoska M. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

330 SE 2 street, suite 203-G

City

Hallandale

FL

Zip Code

33009

**DO NOT WRITE
IN THIS SPACE**

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

Ninoska Rodriguez

Ninoska M. Rodriguez

4/23/04

Signature, typed or printed name of registered agent, and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Ninoska M. Rodriguez
330 SE 2 St., suite 203-G
Hallandale, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Orlando Rodriguez
330 SE 2 St., suite 203-G
Hallandale, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Orlando Karel Rodriguez
8109 Lake Pointe Ct.
Plantation, FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ninoska Rodriguez

Ninoska Rodriguez

4/23/04

(305) 335-7017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E034B (12/02)