

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90325 050 \*\*\*158.75

DOCUMENT # S95472

1. Entity Name

SUNSHINE MAIDS' SERVICE CORP.



Principal Place of Business

330 SE 2 ST  
203-G  
HALLANDALE FL 33009  
US

Mailing Address

330 SE 2 ST  
203-G  
HALLANDALE FL 33009  
US

14000731



2. Principal Place of Business

3000 Sunrise Lakes Dr East

3. Mailing Address

3000 Sunrise Lakes Dr East

1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

407

Suite, Apt. #, etc.

407

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

65-0288671

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, NINOSKA M  
330 SE 2 STREET  
SUITE 203-G  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Ninoska M. Rodriguez

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

3000 Sunrise Lakes Dr. East

apart. 407

City

Sunrise

FL

Zip Code

33322

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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 P ☐ Delete  
NAME RODRIGUEZ, NINOSKA M  
STREET ADDRESS 330 SE 2 ST, SUITE 203-G  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VP ☒ Delete  
NAME RODRIGUEZ, ORLANDO  
STREET ADDRESS 330 SE 2 ST, SUITE 203-G  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE S ☐ Delete  
NAME RODRIGUEZ, ORLANDO KAREL  
STREET ADDRESS 8109 LAKE POINTE CT.  
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☐ Addition  
NAME Rodriguez, Ninoska M.  
STREET ADDRESS 3000 Sunrise Lakes Dr. East, 407  
CITY-ST-ZIP Sunrise FL 33322

TITLE VP Vice President ☒ Change ☐ Addition  
NAME Rodriguez, Orlando Karel  
STREET ADDRESS 8109 Lake Pointe Court  
CITY-ST-ZIP Plantation, FL 33322

TITLE S Secretary ☐ Change ☒ Addition  
NAME Garcia, Gisela S.  
STREET ADDRESS 3545 N.E. 167 ST, 401  
CITY-ST-ZIP N. Mid. Beach FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Ninoska Rodriguez

(Ninoska Rodriguez) P.

4-21-05

954-572-5975

(305-335-7017)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #