

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90038 035 ***158.75

DOCUMENT # S95472

1. Entity Name

SUNSHINE MAIDS' SERVICE CORP.



Principal Place of Business

3000 SUNRISE LAKES DR E #407
SUNRISE FL 33322
US

Mailing Address

3000 SUNRISE LAKES DR E #407
SUNRISE FL 33322
US



2. Principal Place of Business - No P.O. Box #

4980 East Sabal Palm Blvd.

3. Mailing Address

4980 East Sabal Palm Blvd.

Suite, Apt. #, etc.

340

Suite, Apt. #, etc.

340

City & State

Tamarac - Fl.

City & State

Tamarac - Fl.

Zip

33319

Country

Broward

Zip

33319

Country

Broward

1st MOORE

CR2E034 (10/06)

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
3000 SUNRISE LAKES DR E #407
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 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 | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, NINOSKA M | |
| STREET ADDRESS | 3000 SUNRISE LAKES DR E #407 | |
| CITY - ST - ZIP | SUNRISE FL 33322 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, ORLANDO K | |
| STREET ADDRESS | 8109 LAKE POINTE COURT | |
| CITY - ST - ZIP | PLANTATION FL 33322 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GARCIA, GISEL S | |
| STREET ADDRESS | 3545 NE 167 ST #401 | |
| CITY - ST - ZIP | NORTH MIAMI BEACH FL 33160 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ninoska Rodriguez Ninoska Rodriguez 4-21-07 305-335-7017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #