2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State
05-14-2008 90012 020 ***158.75

DOCUMENT # S95472

1. Entity Name
SUNSHINE MAIDS' SERVICE CORP.

Principal Place of Business	Mailing Address
4980 EAST SABAL PALM BLVD 340 ~~FORT LAUDERDALE~~ FL 33319 US Tamarac	4980 EAST SABAL PALM BLVD 340 ~~FORT LAUDERDALE~~ FL 33319 US Tamarac

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4980 E. Sabal Palm Blvd	4980 E. 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

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	7. Name and Address of New Registered Agent
RODRIGUEZ, NINOSKA M 3000 SUNRISE LAKES DR E #407 SUNRISE FL 33322	Name: Ninoska M. Rodriguez Street Address (P.O. Box Number is Not Acceptable): 4980 E. Sabal Palm Blvd., 340 City: Tamarac Fl FL Zip Code: 33319

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 Rodriguez President 4-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	RODRIGUEZ, NINOSKA M	NAME	Ninoska M. Rodriguez
STREET ADDRESS	~~3000 SUNRISE LAKES DR E #407~~ change of address →	STREET ADDRESS	4980 E. Sabal Palm Blvd., 340
CITY-ST-ZIP	~~SUNRISE FL 33322~~	CITY-ST-ZIP	Tamarac Fl 33319
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, ORLANDO K	NAME	
STREET ADDRESS	8109 LAKE POINTE COURT	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARCIA, GISEL S	NAME	
STREET ADDRESS	3545 NE 167 ST #401	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #