2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# S95472

Entity Name: SUNSHINE MAIDS' SERVICE CORP.

Current Principal Place of Business:

4980 E. SABAL PALM BLVD.
340
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

4980 E. SABAL PALM BLVD.
340
TAMARAC, FL 33319 US

Current Mailing Address:

4980 E. SABAL PALM BLVD.
340
FORT LAUDERDALE, FL 33319 US

New Mailing Address:

4980 E. SABAL PALM BLVD.
340
TAMARAC, FL 33319 US

FEI Number: 65-0288671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NINOSKA, RODRIGUEZ M
4980 E. SABAL PALM BLVD., 340
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RODRIGUEZ, NINOSKA M
Address: 3000 SUNRISE LAKES DR E #407
City-St-Zip: SUNRISE, FL 33322 US

Title: VP ( ) Delete
Name: RODRIGUEZ, ORLANDO K
Address: 8109 LAKE POINTE COURT
City-St-Zip: PLANTATION, FL 33322 US

Title: S ( ) Delete
Name: GARCIA, GISEL S
Address: 3545 NE 167 ST #401
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RODRIGUEZ, NINOSKA M
Address: 4980 E. SABAL PALM BLVD. #340
City-St-Zip: TAMARAC, FL 33319 US

Title: VP (X) Change ( ) Addition
Name: RODRIGUEZ, ORLANDO K
Address: 8109 LAKEPOINTE COURT
City-St-Zip: PLANTATION, FL 33322 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINOSKA M. RODRIGUEZ P 04/05/2009

Electronic Signature of Signing Officer or Director Date