FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
[illegible] -1 PM 2: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V68560** **(4)**

1. Corporation Name
SUNSHINE BUILDING INSPECTION SERVICES, INC.

Principal Place of Business	Mailing Address
% JOEY CABALLERO 1510 AUGUSTA CIR / STE - 139 DELRAY BEACH FL 33445 US	% JOEY CABALLERO 1510 AUGUSTA CIR / STE - 139 DELRAY BEACH FL 33445 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0364186 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 685 E. Clear Brook Cr.	Suite, Apt. #, etc. 27 685 E. Clear Brook Cr.
City & State 23 DELRAY BEACH, Fl.	City & State 28 DELRAY Bch, Fl.
Zip 24 33445 Country 25 USA	Zip 29 33445 Country 30 USA

9. Name and Address of Current Registered Agent

CABALLERO, JOEY
1510 AUGUSTA CIR
STE - 139
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 685 E. Clear Brook Cr.
83
84 City DELRAY BEACH FL 85 Zip Code 33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1 TITLE	☒ Change ☐ Addition
NAME	CABALERO, JOELY	1 NAME	
STREET ADDRESS	1510 AUGUSTA CIR / STE - 139	1 STREET ADDRESS	685 E. Clear Brook Cr.
CITY-ST-ZIP	DELRAY BEACH FL	1 CITY-ST-ZIP	DELRAY Bch, Fl. 33445
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/1/95 (407) 272-6203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0287704 CP