

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L20621

**Entity Name:** SUNSHINE GASOLINE DISTRIBUTORS #30011, INC.

**Current Principal Place of Business:**

1650 NW 87 AVENUE  
DORAL, FL 33172

**FILED**  
**May 09, 2017**  
**Secretary of State**  
**CC2086924229**

**Current Mailing Address:**

1650 NW 87 AVENUE  
DORAL, FL 33172

**FEI Number:** 65-0358095

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RESU, SANDRA SEC  
1650 NW 87 AVENUE  
DORAL, FL 33172 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            ALVAREZ, MAXIMO  
Address        1650 NW 87 AVENUE  
City-State-Zip: DORAL FL 33172

Title            SEC  
Name            REUS, SANDRA  
Address        1650 NW 87 AVENUE  
City-State-Zip: DORAL FL 33172

*I hereby 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 all other like empowered.*

**SIGNATURE:** MAXIMO ALVAREZ

**PRESIDENT**

**05/09/2017**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date