## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000032027**

1. Entity Name

J & J SUNSHINE CONSULTANTS, INC.



Principal Place of Business

1117 EAST HALLANDALE BEACH BOULEVARD

SHITE 7

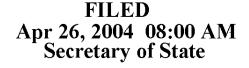
HALLANDALE, FL 33009

Mailing Address

1117 EAST HALLANDALE BEACH BOULEVARD

SUITE 7

... HALLANDALE, FL 33009





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04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1106439 Applied For Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SADAKA, NICHOLAS G 1117 EAST HALLANDALE BEACH BOULEVARD SUITE 7

HALLANDALE, FL 33009

DO	NOT	WRITE
IN	THIS	SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its regist	ered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title I	f applicable. (NOTE: Regist	tered Agent signature	required when roinstating)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contributio				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	T T	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYFIE, JORDAN 1117 EAST HALLANDALE BEACH BC HALLANDALE, FL 33009	ULEVARD			U00000129661 04/26/04-80087-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPADAKIS, JOHN 10400 NW 18TH MANOR HALLANDALE, FL 33322	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS			1 hard der han dage und		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND THE OF PRINTER WHE OF SIGNING OFFICER OR DIRECTOR

4/21/04

954 454-6300