


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000052421
1. Entity Name
SUNNY CANDY, CORP.



Principal Place of Business: 954 WINDWARD WAY, FORT LAUDERDALE, FL 33327
Mailing Address: 954 WINDWARD WAY, FORT LAUDERDALE, FL 33327

DO NOT WRITE IN THIS SPACE



02192005 No Chg-P CR2E034 (10/03)
4. FEI Number: 68-0552453 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fees Required

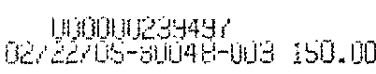
6. Name and Address of Current Registered Agent
BONZANO, JUAN C
954 WINDWARD WAY
WESTON, FL 33327

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: BONZANO, JUAN C STREET ADDRESS: 954 WINDWARD WAY CITY-ST-ZIP: WESTON, FL 33327	 DO NOT WRITE IN THIS SPACE
TITLE: VP NAME: BONZANO, SILVANA P STREET ADDRESS: 954 WINDWARD WAY CITY-ST-ZIP: WESTON, FL 33327	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 02/19/05 DAYTIME PHONE #: 954-907-5027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR