

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # M13960

1. Entity Name
SUNLIGHT FOODS, INC.



Principal Place of Business
**3550 N.W. 112 STREET
MIAMI, FL 33167**

Mailing Address
**3550 N.W. 112 STREET
MIAMI, FL 33167**

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2523721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHULTZ, STEVEN ESQ.
200 SOUTH BISCAYNE BLVD.
SUITE 2150
MIAMI, FL 33131**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000100601
04/01/04-80013-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, WILLIAM 9418 W. BROADVIEW DR BAY HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONTENTO, ROBERT 3410 GALT OCEAN DRIVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GREEN, ARTHUR 2800 ISLAND BLVD, #2801 WILLIAMS ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GREEN, CAROLE 2800 ISLAND BLVD #2801 WILLIAMS ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/04