

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90200 014 ***150.00

DOCUMENT # 334768

1. Entity Name
SUNRISE NATURAL FOODS, INC.



Principal Place of Business
**341 BRAZILIAN AVE
PALM BEACH, FL 33480**

Mailing Address
**341 BRAZILIAN AVE 233 ROYAL POINCIANA WAY
G/O MENDOZA AND CALLAS PALM BEACH, FL 33480**

24070972

233 ROYAL POINCIANA WAY

2. Principal Place of Business

233 ROYAL POINCIANA WAY

3. Mailing Address

233 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004

Chg-P

CR2E034 (10/03)

City & State

PALM BEACH FL

City & State

PALM BEACH FL

4. FEI Number

59-1280928

Applied For

Not Applicable

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES INC
ONE N. CLEMATIS STREET
STE 400
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
WELFELD, ANN A
341 BRAZILIAN AVE
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WELFELD, MARVIN J JR.
341 BRAZILIAN AVE
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

4/26/2004 (561)655-3557
Date Daytime Phone #