

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2006 8:00 am
Secretary of State

DOCUMENT # F96000001140

1. Entity Name
SUNNY VALLEY INTERNATIONAL, INC.



Principal Place of Business
**800 ELLIS MILL ROAD
GLASSBORO, NJ 08028 US**

Mailing Address
**800 ELLIS MILL ROAD
GLASSBORO, NJ 08028 US**

06-02-2006 90006 001 ***150.00
06-02-2006 90006 002 ***400.00

00017607



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2435334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARIA BERMUDEZ
CUSTOMIZED BROKERS INC
7220 NW 36TH STREET 103
MIAMI, FL 33166**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PCD
PAUL, CARLOS
800 ELLIS MILL ROAD
GLASSBORO, NJ 08028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALLENDE, FRANCISCO
800 ELLIS MILL ROAD
GLASSBORO, NJ 08028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
EISER, CONNIE
800 ELLIS MILL ROAD
GLASSBORO, NJ 08028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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

Connie Eiser, Treas. 5/24/06 856-881-0200

Date

Daytime Phone #