


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # H82277 1. Entity Name SUNSHINE INTERNATIONAL ENTERPRISE CORPORATION |  |
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|---|---|
| Principal Place of Business 8823 SANJOSE BLVD SUITE 310 JACKSONVILLE, FL 32217 US | Mailing Address 8823 SANJOSE BLVD SUITE 310 JACKSONVILLE, FL 32217 US |
|---|---|



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 59-3134969 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**U000000210749
02/02/05-80092-007 150.00**

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SAOUD, EDMOND R. 8823 SANJOSE BLVD SUITE 310 JACKSONVILLE, FL 32217 |
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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)(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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDMOND SAOUD

JAN 31, 05

904-232-8146