


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K17212**  
 1. Entity Name  
**SUNSHINE SCHOOL UNIFORM AND SUPPLY COMPANY**



Principal Place of Business      Mailing Address  
 9781 NW 91 CT.                      9781 NW 91 CT.  
 MEDLEY, FL 33178                      MEDLEY, FL 33178

**DO NOT WRITE IN THIS SPACE**



04062004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-0028428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRUZ, HECTOR  
 6255 SW 110 ST.  
 MIAMI, FL 33156

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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 resigning)

**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	P CRUZ, HECTOR 6255 SW 110 ST. MIAMI, FL 33156
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U00000150207  
 05/03/04-80217-002 159.75

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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 any other I am empowered.

SIGNATURE: Hector Cruz      Date: 04/27/2004      Daytime Phone #: 305-888-8881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR