

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # K17212

1. Entity Name
SUNSHINE SCHOOL UNIFORM AND SUPPLY COMPANY



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

Mailing Address
**9781 NW 91 CT.
MEDLEY, FL 33178**



07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0028428	Applied For <input type="checkbox"/> 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
9781 NW 91 CT.
MEDLEY, FL 33178**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000770585
07/26/07-80004-001 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRUZ, HECTOR
STREET ADDRESS	9781 NW 91 CT.
CITY-ST-ZIP	MEDLEY, FL 33178

TITLE	V
NAME	CRUZ, CONCHITA
STREET ADDRESS	9781 NW 91 CT.
CITY-ST-ZIP	MEDLEY, FL 33178

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #