


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 4

|   |  |   |
|---|--|---|
| DOCUMENT # L62413                             |  |  |
| 1. Entity Name<br>SUNSHINE REALTY GROUP, INC. |  |   |


|  |  |
|--|--|
| Principal Place of Business<br>461 SW 6 ST<br>MIAMI, FL 33130 US | Mailing Address<br>4421 SHERIDAN AVE<br>MIAMI BEACH, FL 33140 US |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

FILED

04 JAN 14 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01142004 Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0248394 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent             |  |
| BELLIZZI, LIDIA<br>461 SW 6 STREET APT.7<br>MIAMI, FL 33130 |  |

|  |          |
|--|----------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/><b>After May 1, 2004 Fee will be \$550.00</b></p> | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|---|---|

|  |  |   |  |
|--|--|---|--|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>BELLIZZI, MICHAEL J<br>331 W 57TH ST<br>MIAMI BEACH, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>600027769736<br>01/29/04--01026--024 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 Date Daytime Phone #



## Division of Corporations

## Annual Report

Page 1

Document Number

L62413

Business Entity Name

SUNSHINE REALTY GROUP, INC.

FEI Number

650248394

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

461 SW 6 ST

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33130

US

## Mailing Address

Address

4421 SHERIDAN AVE

Suite, Apt. #, etc.

City, State

MIAMI BEACH

FL

Zip Code &amp; Country

33140

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BELLIZZI

LIDIA

-or- RA Business Name

Address

461 SW 6 STREET APT. 7

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33130

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



## Division of Corporations

### Annual Report

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Document Number

**L62413**

Business Entity Name

**SUNSHINE REALTY GROUP, INC.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

#### Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)     
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address

|                                   |                      |
|-----------------------------------|----------------------|
| City, State                       | <input type="text"/> |
| Zip Code & Country                | <input type="text"/> |
|                                   |                      |
| Title                             | <input type="text"/> |
| Name (Last, First, Middle, Title) | <input type="text"/> |
| -or- Entity Name                  | <input type="text"/> |
| Street Address                    | <input type="text"/> |
| City, State                       | <input type="text"/> |
| Zip Code & Country                | <input type="text"/> |
|                                   |                      |
| Title                             | <input type="text"/> |
| Name (Last, First, Middle, Title) | <input type="text"/> |
| -or- Entity Name                  | <input type="text"/> |
| Street Address                    | <input type="text"/> |
| City, State                       | <input type="text"/> |
| Zip Code & Country                | <input type="text"/> |

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

[Sunbiz Home Page](#)

[Public Access Help](#)