2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L76157

1. Entity Name
SUNSHINE FLOWER CORP.

Principal Place of Business	Mailing Address
3100 N.W 72ND AVE. UNIT 111 MIAMI, FL 33122 US	3100 N.W. 72 AVE. UNIT 111 MIAMI, FL 33122 US

DO NOT WRITE IN THIS SPACE

03272008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0205992	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LLOPIZ, ANTONIO J.
16720 SW 52ND PL
FORT LAUDERDALE, FL 33331

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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000877722 04/14/08-80025-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LLOPIZ, ANTONIO
STREET ADDRESS	16720 S.W 52ND PL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
ANTONIO LLOPIZ