

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90015 002 ***150.00

DOCUMENT # M93495

1. Entity Name
SUNSHINE FOOD & FRUIT, INC.



Principal Place of Business

402 HIGH POINT DR
~~5 NORTH COCO BLVD.~~
COCOA, FL 32926 US

Mailing Address

402 HIGH POINT DR
~~5 NORTH COCO BLVD.~~
COCOA, FL 32926 US

44013043



2. Principal Place of Business

402 High Point Dr.
Suite, Apt. #, etc.
Suite 101

3. Mailing Address

402 High Point Dr.
Suite, Apt. #, etc.
Suite 101

01052004 Chg-P CR2E034 (10/03)

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number

59-2906954

Applied For

Not Applicable

Zip

32926

Country

Zip

32926

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOILEAU, JOHN
~~1970 MICHIGAN AVE~~
~~BLDGC~~
COCOA, FL 32922

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3450 N. US Highway 1

City

FL

Zip Code

32926

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, 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
DP
SHAH, MAHESH R
702 HAWKSBILL ISLAND DR
SATTELLITE BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
SHAH, RASHMI M.
702 HAWKSBILL ISLAND DR
SATTELLITE BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ 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

3/12/04

Date

(321) 631-0245

Daytime Phone #