

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90215 019 \*\*\*\*61.25

**DOCUMENT # N04000009958**

1. Entity Name

**SUNSHINE HARVEST INC**



Principal Place of Business

**445 NINTH PLACE  
VERO BEACH FL 32960  
US**

Mailing Address

**445 NINTH PLACE  
VERO BEACH FL 32960  
US**



2. Principal Place of Business

**395 West 37th St.**

3. Mailing Address

**4045 Sheridan Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 226**

1st MOORE

CR2E037 (10/04)

City & State

**Miami Beach**

City & State

**Miami Beach FL**

4. FEI Number

**43-20-63-670**

Applied For

Not Applicable

Zip

**33140**

Country

**Dade**

Zip

**33140**

Country

**Dade**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALIT, HELEN V  
445 NINTH PLACE  
VERO BEACH FL 32960**

Name

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

**4045 Sheridan Ave #226**

City

**Miami Beach**

FL

Zip Code

**33140**

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

*Helen Palit*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PALIT, HELEN V**  
STREET ADDRESS **445 NINTH PLACE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **VP** ☐ Delete  
NAME **COHN, MARTIN H**  
STREET ADDRESS **777 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Helen verduin palit**  
STREET ADDRESS **4045 Sheridan Ave #226**  
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **801 Brichell ave**  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Robert Berkowitz**  
STREET ADDRESS **7000 SW 54th Pl e**  
CITY-ST-ZIP **Miami, FL 33143**

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

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

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

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 617, 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:

*Helen Palit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/05 / 786-247-6015**

Date Daytime Phone #