## **2005 FOR PROFIT CORPORATION**

## **FILED** May 03, 2005 8:00 am Secretary of State

05-03-2005 90102 031 \*\*\*150.00

## ANNUAL REPORT

DOCUMENT # P0000009079 SUNSHINE BUSINESS IMPORT & EXPORT, INC. Principal Place of Business Mailing Address 40079420 9953 NW 2ND COURT 9953 NW 2ND COURT PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0981062 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOEIL, JOSEPH K PA Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD LAUDERADALE LAKES, FL 33319 City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE ☐ Delete TITLE □ Сһалде ☐ Addition NAME GARZON, ARMANDO NAME 7451 NW 16TH STREET, UNIT 501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33313 CITY-ST-ZIP VPD TITLE ☐ Defete TITLE ☐ Change ☐ Addition GARZON, CAMILO NAME NAME 7451 NW 16TH STREET, UNIT 501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION; FL 33313 CITY-ST-ZIP ☐ Delete TITLE ☐ Сhaлge ■ Addition TITLE NAME GARZON, DIEGO NAME 7451 NW 16TH STREET, UNIT 501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33313 CITY-ST-ZIP ☐ Delete ☐ Charige ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with the 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 aport is fue and account and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute his proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachn SIGNATURE: SIGNATURE AND Daytime Phone #