## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000020536

Entity Name: M & J SUNSHINE, CORP.

FILED Jan 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5220 NW 72ND AVENUE

MIAMI, FL 33166

**New Mailing Address: Current Mailing Address:** 

5220 NW 72ND AVENUE

MIAMI, FL 33166

FEI Number: 22-3712007 FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OCHOA, JOSE F 10058 NW 41ST STREET MIAMI, FL 33178

OCHOA, JOSE F 8538 NW 108 AVENUE DORAL, FL 33178

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.

SIGNATURE: JOSE F. OCHOA

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete OCHOA, JOSE F Name: 10058 NW 41ST STREET Address: City-St-Zip:

DORAL, FL 33178

Title: () Delete Name: SILVA, MARTHA C 10058 NW 41ST STREET Address: DORAL, FL 33178 City-St-Zip:

Title: ( ) Delete OCHOA, GABRIELA Name: 10058 NW 41 STREET Address: City-St-Zip: DORAL, FL 33178

(X) Change ( ) Addition Title:

OCHOA, JOSE F Name: 8538 NW 108 AVENUE Address: City-St-Zip: DORAL, FL 33178

Title: (X) Change ( ) Addition

Name: SILVA, MARTHA C 8538 NW 108 AVENUE Address: DORAL, FL 33178 City-St-Zip:

Title: (X) Change ( ) Addition

Name: OCHOA, GABRIELA 8538 NW 108 AVENUE Address: City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE F. OCHOA **PRES** 01/17/2008