


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000005555</b> 1. Entity Name <b>SUNSHINE SUPERMARKET, INC.</b>	
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Principal Place of Business <b>91.8 MM OCEAN SIDE TAVERNIER, FL 33070</b>	Mailing Address <b>91.8 MM OCEAN SIDE TAVERNIER, FL 33070</b>
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1069837</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MADRIGAL, MANUEL  
91.8 MM OCEAN SIDE  
TAVERNIER, FL 33070**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

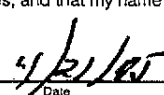
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAPOLES, ALINA 91.8 MM OCEAN SIDE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADRIGAL, MANUEL 91.8 MM OCEAN SIDE TAVERNIER, FL 33070
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IN THIS SPACE**

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05/26/05-80003-001 150.00

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

  
Date Daytime Phone #

**MANUEL MADRIGAL**