
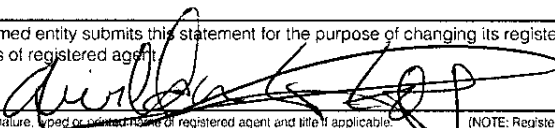
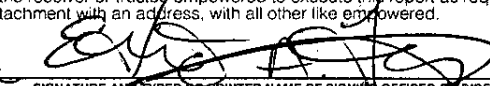


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90010 021 \*\*\*150.00

<b>DOCUMENT # P01000018633</b>					
1. Entity Name <b>SUNSHINE FARMS, INC.</b>					
Principal Place of Business <b>3001 S. OCEAN DRIVE APT 1E HOLLYWOOD, FL 33019</b>			Mailing Address <b>3001 S. OCEAN DRIVE APT 1E HOLLYWOOD, FL 33019</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHAHAR, ZEEU</b> <b>1533 NE 164 ST</b> <b>NO MIAMI BCH, FL 33162</b>			Name <b>Awilda Gomez-Lopez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 NE 175 ST</b> <b>N Miami Beach,</b> City <b>FL</b> Zip Code <b>33162</b>		
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  DATE <b>3/20/04</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAHAR, ZEEV		NAME	Awilda Gomez-LOPEZ	
STREET ADDRESS	1553 NE 164 ST		STREET ADDRESS	1800 NE 175 ST	
CITY-ST-ZIP	NO MIAMI BCH, FL 33162		CITY-ST-ZIP	N. Miami Beach FL 33162	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	S.T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAHAR, SHAULAMIT		NAME	Edwin Lopez	
STREET ADDRESS	1553 NE 164 ST		STREET ADDRESS	1800 NE 175 ST	
CITY-ST-ZIP	NO MIAMI BCH, FL 33162		CITY-ST-ZIP	N. Miami, FL 33162	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 			Date <b>3/20/04</b> Daytime Phone # <b>786-224-1521</b> <b>786-274-1962</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**54021972**



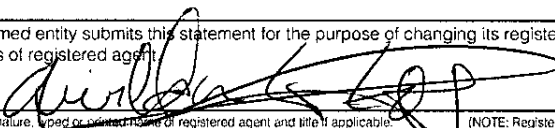
03222004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1079581** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Name **Awilda Gomez-Lopez**  
Street Address (P.O. Box Number is Not Acceptable)  
**1800 NE 175 ST**  
**N Miami Beach,**  
City **FL** Zip Code **33162**

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  DATE **3/20/04**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete

NAME SHAHAR, ZEEV

STREET ADDRESS 1553 NE 164 ST

CITY-ST-ZIP NO MIAMI BCH, FL 33162

TITLE STD ☒ Delete

NAME SHAHAR, SHAULAMIT

STREET ADDRESS 1553 NE 164 ST

CITY-ST-ZIP NO MIAMI BCH, FL 33162