2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000091920

DOCUMENT#

SUNSHINE TRADING U.S.A. CORP.



Apr 14, 2003 8:00 am Secretary of State

PROJECT PRISO OF DIABETES TAS SWY 12E TRENCE PRUBBOICE PRISS F1, 3005 2. Pinnops Place of Business Sulfo, Apt. # etc. City & State City	1						COO WE T								
Sulfe, Apl. #, etc. Sulfe, Apl. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State A. FEI Number 65-1138889 Application Zip Country Zip Country S. Certificate of Status Depired S. T. Auditional Page Policials Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name MOJICA, FREDDY MIGUEL Street Address (P.C.) But Number is Not Acceptable) The Above named earthy submits the determent for the purpose of changing its registered agent, or boat, in the State of Plorida. I am families with, and accept the obligators of registered agent, or boat, in the State of Plorida. I am families with, and accept the obligators of registered agent or income family submits the determent for the purpose of changing its registered diffice or registered agent, or boat, in the State of Plorida. I am families with, and accept the obligators of registered agent. SIGNATURE City T. L. Now!!! PEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 Make Check Payable to Florida Department of State DATE T. ACCITIONS/OHANGES TO OFFICERS AND DIRECTORS T. ACCITIONS/OHANGES T. ACCITIONS/OHANGES	756 SW 122 TERRACE PEMBROKE PINES FL 33025				756 SW 122 TERRACE PEMBROKE PINES FL 33025										
City & State City & State City	2. Principal P	lace of Business		3. Ma	3. Mailing Address				ļ		ANEKİ BONK BO				
Zip Country Zip Country Sip Country Sign Address of Current Registered Agent Sign Address of Status Departed Sign Registered Agent Sign Address of Roll Address of Now Registered Agent Sign Address of Roll Address o	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
S. Name and Address of Current Registered Agent MOJICA, FREDDY MIGUEL 17. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zity Code City Sity Zity Code City FL Zity Code City City City FL Zity Code City	City & State				City & State				4. FEI Number 65-1138889			├	· · · · · · · · · · · · · · · · · · ·	<u>_</u>	
Name	Zip Country			Zip	Zip Coun			5. Certificate of Status Desired [
Name		6. Name and	d Address of Currer	t Registere	Registered Agent			7. Name and Address of New Registered Agent							┫.
### STREET ADDRESS (F.O.) BOX Vollmager's not in Cooperations) City FL Zip Code				`			Name			, .					7
PEMBROKE PINES FL 33025 City FL Zip Code	•							Street Address (P.O. Box Number is Not Acceptable)							
8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE Symboth hose or printed carrier of inquirent agent and 18 of applicative. (INCTE. Registered Agent signature required when ministering) DATE	PEMBROK		3025	. ». » <u></u>				<u> </u>	<u> </u>				· <u></u> -	<u>-</u> -	-
SIGNATURE Signature Signature kypel or primed carried of registered agent and titled applicable. INOTE Registered Apart Signature required when reportating) DATE	·											<u>- L</u>			
Software the positioned name of legislated agent and 156 of agriculture. Position				for the purp	oose of changing its	register	ed office or re	egistere	d agent, c	or both, in the	State of Flo	orida, Lam	familiar with,	and accept	ļ
Atter May 1, 2003 Fee will be \$550,00 May Be Added to Fees Make Check Payable to Florida Department of State 10.** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	SIGNATURE.	Signature, typed or pri	inted name of registered age	nt and title if app	olicable. (NOTE	Registere	d Agent signature r	required w	hen reinstatir	19)		DATE			
ARTER MAY 1,200 Fee Wile Session. Trust Fund Contribution. Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MOJICA, FREDDY MIGUEL STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	F	ILE NOW!!! F	EE IS \$150.00		,, <u> </u>										1
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE									"						ļ
TITLE NAME CTY-ST-ZIP CTY	Make Check	C Payable to Fi	orida Department	of State											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10."	-	OFFICERS AN	D DIRECTO	DRS	11.			ADDITIO	ONS/CHANG	ES TO OFF	ICERS AN	D DIRECTOR	IS IN 11	: إـ
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		l -	מייט אייט אייט		☐ Delete		I .						☐ Change	Addition	3
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP															1
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•	I .								3
NAME STREET ADDRESS CITY-ST-ZIP CITY	CHY-SI-ZIP	PEMBRUKE F	1NES FL 33023												- i
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		I			☐ Delete								Change	Addition	1
CITY-ST-ZIP							-								1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,						,								ł
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP						_							Change	☐ Addition	┨
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					L Delete			-					□ Change	Addition	
CITY-ST-ZIP															1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP															
NAME STREET ADDRESS CITY - ST - ZIP	TITLE		· 		☐ Delete	TITL	_ 		······································				☐ Change	Addition	1
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME .					NAM	E								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			and the second	<u></u>	مساد الرجافيسون الوافقية والمع	STRE	ET ADDRESS				₋	J = 114	. ، ـــ	~: ~~~	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP		.,-						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					☐ Delete		I						☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP							1								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP															
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP								4
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	ľ				☐ Delete	•	(Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP						•									
	ì						1								
		ertify that the inf	ormation eupplied ···	th this file-	does not qualify for	_		Lin Sac	tion 110.0	7/2\/i\ Elarida	Statutas	further e-	rtifu that the !	nformation	1

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 reserver or trystee 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 attackment with an address, with all other like empowered.

SIGNATURE: