

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90462 005 ***150.00

DOCUMENT # P02000032099

1. Entity Name
THE SUN DOCTOR.COM, INC.



Principal Place of Business
**3201 N.E. 10TH AVENUE
POMPANO BEACH, FL 33064**

Mailing Address
**113 N. FEDERAL HWY.
DANIA BEACH, FL 33004**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0413938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, GERALD J
113 NORTH FEDERAL HIGHWAY
DANIA BEACH, FL 33004**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PST |
| NAME | CEVOLI, STEFANO ROCCO |
| STREET ADDRESS | 3201 N.E. 10TH AVENUE |
| CITY-ST-ZIP | POMPANO BEACH, FL 33064 |
| TITLE | VPD |
| NAME | CEVOLI, STEFANO ROCCO |
| STREET ADDRESS | 3201 N.E. 10TH AVENUE |
| CITY-ST-ZIP | POMPANO BEACH, FL 33064 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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

GERALD ADAMS - REGISTERED AGENT

4/29/04

Date

Daytime Phone #