2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000043462

1. Entity Name

SUNSHINE SEARCH AND MANAGEMENT RECRUITING, INC.

Principal Place of Business	Mailing Address
11645 BEACH BLVD STE 201 JACKSONVILLE FL 32246	11645 BEACH BLVD STE 201 JACKSONVILLE FL 32246

54033691

MOORE   CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number		
6915 RED RD	21822 SW 98 PL	03-0427133	Applied For	
Suite, Apt. #, etc. #218	Suite, Apt. #, etc.		Not Applicable	
City & State CORAL GABLES FLA	City & State MIAMI FLA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required	
Zip 33143 County MIAMI DADE	Zip 33190 Country MIAMI DADE			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECKHARDT, STEPHEN 11645 BEACH BLVD STE 201 JACKSONVILLE FL 32246	Name Street Address (P.O. Box Number is Not Acceptable) 21822 SW 98 PL City MIAMI FL Zip Code 33190

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 _____   President   3/22/04

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
Make Check Payable to Florida Department of State

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 PTSD NAME ECKHARDT, STEPHEN STREET ADDRESS 11645 BEACH BLVD STE 201 CITY-ST-ZIP JACKSONVILLE FL 32246	☐ Delete	TITLE NAME STREET ADDRESS 21822 SW 98 PL CITY-ST-ZIP MIAMI, FLA 33190	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   STEPHEN ECKHARDT   3/24/04.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #