2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000052043

1. Entity Name
SUNSHINE FRESH FLOWERS, INC.

66401928

Principal Place of Business	Mailing Address
8298 NW 21 STREET MIAMI, FL 33126	PO BOX 892 DAYTON, NJ 08810-0892

02022004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business
2019 NW 89th Place

3. Mailing Address
P.O. Box 892

Suite, Apt. #, etc.

City & State
Miam, FL

City & State
Dayton NJ

Zip
33172

Country
USA

Zip
08610-0692

Country
U.S.A

4. FEI Number
01-0683513

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD SUITE 1500(CRM)
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME SIMKO, JOHN D STREET ADDRESS 8370 PONCE DE LEON RD CITY-ST-ZIP MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME ANHAT, CHRISTOPHER STREET ADDRESS 151 SUNSET RD CITY-ST-ZIP SKILLMAN, NJ 08558	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME CANTAFRO, KELLE STREET ADDRESS 2563 EAGLE RUN LANE CITY-ST-ZIP SKILLMAN, NJ 08558	☐ Delete	TITLE NAME Delete STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE VST NAME JOHNSTON, ANDREW S STREET ADDRESS 1 LA VALENCIA RD CITY-ST-ZIP OLD BRIDGE, NJ 08857	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____

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