

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000052043

1. Entity Name  
SUNSHINE FRESH FLOWERS, INC.



Principal Place of Business  
2019 NW 89TH PLACE.  
MIAMI, FL 33126

Mailing Address  
PO BOX 892  
DAYTON, NJ 08810-0892

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000649838  
03/07/07-80066-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SIMKO, JOHN D
STREET ADDRESS	10205 CORAL CREEK ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	VST
NAME	JOHNSTON, ANDREW S
STREET ADDRESS	1 LA VALENCIA RD
CITY-ST-ZIP	OLD BRIDGE, NJ 08857
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 exemptions contained in Chapter 119, 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

2/15/07  
Date

732-274-2900  
Daytime Phone #