FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90278 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000054824

1. Entity Name
SONSHINE CUISINE, INC.

11032350

Principal Place of Business	Mailing Address
1691 SW 44 TERR PLANTATION, FL 33317	1691 SW 44 TERR PLANTATION, FL 33317

2. Principal Place of Business	3. Mailing Address
315 Court St.	200 S. StarCrest DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #103
City & State: Clearwater, FL	City & State: Clearwater, FL.
Zip: 33765 Country	Zip: 33765 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2073152 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, ROBERT H 1691 SW 44 TERR PLANTATION, FL 33317	Name: Robert Anderson. Street Address (P.O. Box Number is Not Acceptable): 200 S. StarCrest Dr. #103 City: Clearwater FL Zip Code: 33765.

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 X Rob Anderson
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, 2003 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Pres. NAME: Robert Anderson STREET ADDRESS: 200 S. StarCrest Dr., #103 CITY-ST-ZIP: Clearwater, FL. 33765	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: X Rob Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #