


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000070445
1. Entity Name
BOCA SUNSHINE, INC.



Principal Place of Business: 19425 BLACK OLIVE LANE, BOCA RATON, FL 33498
Mailing Address: 19425 BLACK OLIVE LANE, BOCA RATON, FL 33498

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03052005 No Chg-P CR2E034 (10/03)
4. FEI Number: 02-0663498 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DE LOS RIOS, JOSE M
19425 BLACK OLIVE LANE
BOCA RATON, FL 33498

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE LOS RIOS, JOSE M
STREET ADDRESS	19425 BLACK OLIVE LANE
CITY-ST ZIP	BOCA RATON, FL 33498
TITLE	D
NAME	DE LOS RIOS, ANA C
STREET ADDRESS	19425 BLACK OLIVE LANE
CITY-ST ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jose M. de los Rios 03-03-05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Civil No. Phone #