

FILED
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Secretary of State

07-21-2004 90026 009 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000062728			
1. Entity Name SUNSHINE HOLISTIC HEALTHCARE II, INC.			
Principal Place of Business 1096 SW 27 AVE BOYNTON BEACH, FL 33426		Mailing Address 1096 SW 27 AVE BOYNTON BEACH, FL 33426	
2. Principal Place of Business 3640 N St. Rd 7		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lauderdale Lakes, FL		City & State	
Zip 33319	Country US	Zip	Country
4. FEI Number 37-1470249		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BSHOP, JOHN 5367 PACIFIC BLVD STE 2804 BOCA RATON, FL 33433		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 is required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISMA, WILLIAM 1096 SW 27 AVE BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1729 North Congress Ave #304 Boynton Beach, FL 33426 ☒ 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
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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)(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 _____			