## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000069166** FILED 1. Entity Name Aug 11, 2008 08:00 AM Secretary of State SUNNY & GITA, INC and the second Mailing Address Principal Place of Business 1700 3RD ST SOUTH 1700 3RD ST SOUTH ST.PETERSBURG, FL 33701 ST.PETERSBURG, FL 33701 08052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0950624 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, SAURABH DO NOT WRITE 1700 3RD ST SOUTH ST.PETERSBURG, FL 33701 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. $\gamma_1$ : Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PATEL, SAURABH NAME STREET ADDRESS 1700 3RD ST SOUTH ST.PETERSBURG, FL 33701 CITY-ST-ZIP TITLE NAME U000000957463 STREET ADDRESS 08/11/08-80002-008 550.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TSTLE NAME STREET ADDRESS CITY-ST-ZIP 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. cob - of SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR