

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90278 049 \*\*\*150.00

**54045752**



04262004 Chg-P CR2E034 (10/03)

4. FEI Number **20-1043647** Applied For  
Not Applicable

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

**DOCUMENT # P03000069437**

1. Entity Name  
**SUNNY GREENS, INC.**



Principal Place of Business Mailing Address  
**19780 SW 177 AVE Box 161** **19780 SW 177 AVE Box 161**  
**MIAMI, FL 33187** **MIAMI, FL 33187**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent

**MOLINA, GRACE**  
**8347 OVERSEAS HWY**  
**MARATHON, FL 33050**

7. Name and Address of New Registered Agent

Name **NEREIDA RODRIGUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**19780 SW 177 AVE**

City **MIAMI**

FL Zip Code **33187**

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 *Nereida Rodriguez*  
Signature, typed or printed name of registered agent and title if applicable

DATE **4-26-04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVTD** ☐ Delete  
NAME **RODRIGUEZ, NEREIDA**  
STREET ADDRESS **20400 SW 184 STREET**  
CITY-ST-ZIP **MIAMI, FL 33187**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **HUMBERTO MARTIN**  
STREET ADDRESS **20400 SW 184 ST.**  
CITY-ST-ZIP **MIAMI FL. 33187**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Nereida Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-26-04**

Daytime Phone # **305-255-4892**