

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/24

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90004 020 \*\*\*150.00

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05202004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000075897</b>	
1. Entity Name <b>SUNSHINE CARIBBEAN BUDGET SHIPPING, INC.</b>	

Principal Place of Business <b>540 NW 109TH STREET MIAMI, FL 33168</b>	Mailing Address <b>540 NW 109TH STREET MIAMI, FL 33168</b>
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2. Principal Place of Business <b>1799 NE 164 St.</b>	3. Mailing Address <b>1799 NE 164 St.</b>
Suite, Apt. #, etc. <b>111</b>	Suite, Apt. #, etc. <b>111</b>
City & State <b>M. Miami, FL</b>	City & State <b>M. Miami, FL</b>
Zip <b>33162</b>	Country <b>US</b>

4. FEI Number <b>30-0189340</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>REGIS, JEAN 540 NW 109TH STREET MIAMI, FL 33168</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIMEUS, FRANCOIS 540 NW 109TH STREET MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REGIS, JEAN 540 NW 109TH STREET MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGIS, HEMILIE 540 NW 109TH STREET MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIMEUS, GERTHA 540 NW 109TH STREET MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Francois Cimeus President</b>	Date: <b>5/19/04</b> 305