

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 010 ***150.00

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1. Entity Name

SUNSHINE FINE ART PRINTING, INC.



Principal Place of Business

5030 CHAMPION BLVD #271
BOCA RATON FL 33496
US

Mailing Address

9200 SOUTH MILITARY TRAIL
#48
BOYNTON BEACH FL 33496
US

02010011



MOORE

CR2E034 (11/03)

2. Principal Place of Business

6615 Boynton Beach Blvd
Suite, Apt. #, etc.
#315

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33437

Country

USA

Zip

33436

Country

USA

4. FEI Number

86-1079730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAOLINI, KIMBERLY PRES
9200 SOUTH MILITARY TRAIL
#048
BOYNTON BEACH FL 33436

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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PAOLINI, KIMBERLY
STREET ADDRESS 9200 SOUTH MILITARY TRAIL #48
CITY-ST-ZIP BOYNTON BEACH FL 33436

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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)(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: Kimberly Paolini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 561-737-7385
Date Daytime Phone #