## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000154722

Entity Name: SUNSHINE STATE PRODUCE, INC.

FILED Jan 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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30003 S.W. 197 AVENUE HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

30003 S.W. 197 AVENUE P.O. BOX 343547

HOMESTEAD, FL 33030 FLORIDA CITY, FL 33034

FEI Number: 20-0528404 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC SANFILIPPO, MICHAEL J 100 SOUTHEAST SECOND STREET, SUITE 2900 P.O. BOX 343547

MIAMI, FL 33131 US FLORIDA CITY, FL 33034 US

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.

SIGNATURE: MICHAEL J SANFILIPPO 01/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition TORRESE, JOHN C SANFILIPPO, MICHAEL J Name: Name: 30003 SW 197 AVE Address: P.O. BOX 343547 Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: FLORIDA CITY, FL 33034

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 SANFILIPPO, MARY

 Address:
 Address:
 P.O. BOX 343547

 City-St-Zip:
 City-St-Zip:
 FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SANFILIPPO PRES 01/14/2005