2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000082993

1. Entity Name SUNSHINE ORGANIC FARMS, INC.



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

23040 SW 187 AVE. HOMESTEAD, FL 33170 Mailing Address

23040 SW 187 AVE. HOMESTEAD, FL 33170



02032007

No Chg-P

CR2E034 (11/05)

FEI Number
 05-0603391

Applied For Not Applicable

5. Certificate of Status Desired

Γ4/

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GONZALEZ, ARTURO 23040 SW 187 AVE. HOMESTEAD, FL 33170

DO NOT WRITE IN THIS SPACE

					0.7.02
8. The above the obligat	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature: typed or printed name of registered agent and tide it	Lambrable (NOTE Registeren	Accest money o	required when reinstating)	DAYE
	ogranda (yppo or pri teo ta na ortegiste ed agar, and she n	- INDIC POSITION	Agent signaturi	reduited when reinstating)	DATE
FIL After M:	E NOW!!! FEE I\$ \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	U00000649888 03/07/07-80070-015 158.75
10.	OFFICERS AND DIREC	TORS			
FITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ARTURO 23040 SW 187 AVE. HOMESTEAD, FL 33170				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-7IP					

12. Thereby 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.

SIGNATURE: \(\frac{1}{2} \)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Fel-. 21,07 /306-247-9