

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90150 007 ***150.00

DOCUMENT # P05000159595

1. Entity Name
SUNSHINE KITCHEN PLACE CORP



Principal Place of Business
**770 BAYSHORE BLVD
PORT ST LUCIE, FL 34953 US**

Mailing Address
**770 BAYSHORE BLVD
PORT ST LUCIE, FL 34953 US**

50012170



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03142006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
20-3894134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAXPLACE CORP
2721 S US1 SUITE 9
FORT PIERCE, FL 34982**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **03.15.06**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ANDRADE, ANTONIO M**
STREET ADDRESS **660 NW 45TH AVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby 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: *[Signature]* **ANTONIO M de Andrade**

DATE **03.15.06** DAYTIME PHONE # **954 9318162**