

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90018 044 \*\*\*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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**20-3894134**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Antonio M. Andrade**  
Street Address (P.O. Box Number is Not Acceptable)  
**770 BAYSHORE BLVD**

City  
**PORT ST LUCIE** **FL** Zip Code  
**34953**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P**  
**ANDRADE, ANTONIO M** ☐ Delete  
**660 NW 45TH AVE**  
**DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PSD** ☒ Change ☐ Addition  
**ANDRADE, ANTONIO M**  
**770 BAYSHORE BLVD**  
**PORT ST LUCIE, FL 34953**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Antonio M. Andrade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/07 (954) 663 7137**

Date

Daytime Phone #