
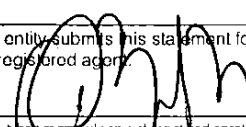
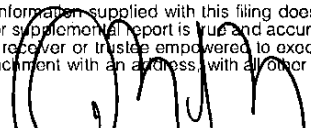


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90140 021 \*\*\*158.75

<b>DOCUMENT # P06000008486</b> 1. Entity Name <b>SUNSHINE TRADING COMPANY</b>			
Principal Place of Business <b>9205 CITRUS ISLE LANE LAKE WORTH FL 33467</b>		Mailing Address <b>9205 CITRUS ISLE LANE LAKE WORTH FL 33467</b>	
2. Principal Place of Business - No P.O. Box # <b>8100 BELVEDERE RD.</b>		3. Mailing Address <b>8100 BELVEDERE RD.</b>	
Suite, Apt. #, etc. <b># 9.</b>		Suite, Apt. #, etc. <b>9.</b>	
City & State <b>WEST PALM BCH FL.</b>		City & State <b>WEST PALM BCH FL</b>	
Zip <b>33411</b>	Country <b>USA</b>	Zip <b>33411</b>	Country 
4. FEI Number <b>20414 8803</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent  <b>BEDOYA, OSCAR SR 9205 CITRUS ISLE LANE LAKE WORTH FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>OSCAR BEDOYA</b> <b>03/20/07</b> DATE <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P,TR BEDOYA, OSCAR SR 9205 CITRUS ISLE LANE LAKE WORTH FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BEDOYA, MARIA V 9205 CITRUS ISLE LANE LAKE WORTH FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BEDOYA, IVONNE V 9205 CITRUS ISLE LANE 33467 LAKE WORTH FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		<b>03/20/07</b> <b>(561) 383 8331</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	