


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000022540

1. Entity Name
SUNNY GIFT SHOP, INC.



Principal Place of Business
**400 SE 2ND AVE.-LOBBY
MIAMI, FL 33131-2140**

Mailing Address
**P.O. BOX 111554
MIAMI, FL 33111**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0449248

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**GULAMALI, SADRUDDIN
400 SE 2ND AVE.-LOBBY
MIAMI, FL 33131-2140**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

**000000430239
04/18/06-80046-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	GULAMALI, SADRUDDIN
STREET ADDRESS	37 S.W. 23 RD
CITY- ST- ZIP	MIAMI, FL 33129
TITLE	TD
NAME	GULAMALI, YASMIN
STREET ADDRESS	37 S.W. 23 RD
CITY- ST- ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: X [Signature] **3-28-06** **305-373-4303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #