

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 050 ***158.75

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DOCUMENT # P93000027684	
1. Entity Name SUNSHINE DISCOUNT, INC.	



Principal Place of Business 11707 NW 39TH ST SUNRISE, FL 33323	Mailing Address 11707 NW 39TH ST SUNRISE, FL 33323
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2. Principal Place of Business 3291 W. Sunrise Blvd	3. Mailing Address 15550 Orange Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Lauderdale, FL	City & State Loxahatchee, FL
Zip 33311	Zip 33470-3410
Country USA	Country USA

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0407608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ABREGO, JOSE T 11707 NW 39TH ST SUNRISE, FL 33323	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15550 ORANGE BLVD City Loxahatchee FL Zip Code 33470-3410	
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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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABREGO, JOSE T 11707 NW 39TH ST SUNRISE, FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abrego, Jose T 15550 Orange Blvd. Loxahatchee, FL 33470-3410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
4/28/04 954-557-7480 Date Daytime Phone #	