


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000053077  
1. Entity Name  
SUNNY FOOD STORE, INC.



Principal Place of Business      Mailing Address  
1033 SILVER BEAH RD      5002 N. SAN ANDROS  
RIVIERA BEACH, FL 33404 US      WEST PALM BEACH, FL 33411 US



04112005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-0427015      Not Applicable

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

6. Name and Address of Current Registered Agent  
ABDO, SAMIER  
4631 CHERRY ROAD  
WEST PALM BEACH, FL 33417

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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: *Sams G Abdo*      DATE: *4-20-05*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	ABDO, BASIMA F
STREET ADDRESS	5002 N. SAN ANDROS
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D/S
NAME	ABDO, SAMIER
STREET ADDRESS	5002 N. SAN ANDROS
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000328597  
04/25/05-30081-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sams G Abdo*      DATE: *4-20-05*      Daytime Phone #: *(561) 844-7174*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR