


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90006 003 \*\*\*150.00

DOCUMENT # P94000010656		
1. Entity Name SUNSET DELI, INC.		
Principal Place of Business 8124 SW 53 PLACE 2412 NW 68 Terr GAINESVILLE, FL 32608 US 32606	Mailing Address 8124 SW 53 PLACE 2412 NW 68 Terr GAINESVILLE, FL 32608 US 32606	

54055548



05142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0467267	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MIRANDA, MARITZA C  
8124 SW 53 PLACE 2412 NW 68 Terr.  
GAINESVILLE, FL 32608  
32606

**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 title if applicable.

Miritaen Miranda, Vice-Pres 5/1/04  
(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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 MIRANDA, FROILAN F 8124 SW 53 PLACE 2412 NW 68 Terr GAINESVILLE, FL 32608 32606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRANDA, MARITZA C 8124 SW 53 PLACE 2412 NW 68 Terr GAINESVILLE, FL 32608 32606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miritaen Miranda, Vice-Pres

Date

5/1/04

Daytime Phone #

352-377-2600