2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042841

Entity Name: SUNSHINE INDOPAK GROCERY, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1817 NE 164 ST 1817 NE 164 ST

N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162 US

Current Mailing Address: New Mailing Address:

1817 NE 164 ST 1817 NE 164 ST

N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162 US

FEI Number: 65-0496910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAJABALI, AMEER A 1817 NE 164 ST N MIAMI BEACH, FL 33162 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 RAJABALI, AMEER A
 Name:
 RAJABALI, AMEER A

 Address:
 1817 NE 164 ST
 Address:
 1817 NE 164 ST

City-St-Zip: N MIAMI BEACH, FL 33162 City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 ALWANI, AMIN
 Name:
 ALWANI, AMIN

 Address:
 1817 NE 164 ST
 Address:
 1817 NE 164 ST

 City-St-Zip:
 N MIAMI, FL 33162
 City-St-Zip:
 N MIAMI, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMEER RAJABALI P 05/01/2006