## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P95000059285**

1. Entity Name

TAMIAMI TRAIL SUNSHINE INC.



04-29-2004 90355 046 \*\*\*150.00

Apr 29, 2004 8:00 am Secretary of State

FILED

Principal Place of Business

8690 SW 8 ST MIAMI, FL 33144 Mailing Address

8690 SW 8 ST MIAMI, FL 33144



## DO NOT WRITE IN THIS SPACE

04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0600560 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GARCIA, JUAN E 14915 SW 80TH ST., APT. 117 MIAMI, FL 33193

## DO NOT WRITE IN THIS SPACE

							¥
	named entity submits this statement for the pons of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State	of Florida. I am famili	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	1 Agent signature	required when reinstating)	<del></del>	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees				·	
10.	OFFICERS AND DIREC	CTORS					25
TITLE	D.,					,	, 'A
NAME 🐧	GARCIA, JUAN E						y
STREET ADDRESS	194915 SW 80TH ST., APT 117					,	• •
CITY-ST-ZIP	MIAMI, FL 33193					r	**
TITLE					÷		ı
NAME	•		l				
STREET ADDRESS CITY-ST-ZIP							
		· · · · · · · · · · · · · · · · · · ·	ł				
-TITLE NAME	* *-	-		and the second	min to	40.0	
STREET ADDRESS				50			
CITY-ST-ZIP				טט	NOI	WRITE	
TITLE		····	1	IM	TUIC	SPACE	
NAME				IIV	I LIO	SPACE	
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<del></del>						
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE					,		
NAME			į	•			
STREET ADDRESS CITY-ST-ZIP							#
	Land Albanda Barrana and Carlotte and Carlot	30					hand all a fine and a second
indicated of the cor	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	iling does not quality for the exelution accurate and that my signated to execute this report as required to the like empowered.	mption state ture shall ha red by Chap	ed in Section 119.07(3) ve the same legal effecter 607, Florida Statu	)(i), Florida Stat ect as if made u tes; and that my		nat the information n officer or director ock 10 or Block 11 if