

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90069 037 ***158.75

DOCUMENT # P96000002242

1. Entity Name

GLOBAL OPERATION SUNSHINE, INC.



Principal Place of Business

1136 BRYN MAWR AVENUE
LAKE WALES FL 33853

Mailing Address

1136 BRYN MAWR AVENUE
LAKE WALES FL 33853

30017964



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3348859

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AQUINO, DANILO P.M.D.
1136 BRYN MAWR AVENUE
LAKE WALES FL 33853

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ABRIGO, PEDRO	
STREET ADDRESS	13219 59TH COURT N	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	AQUINO, MONICA	
STREET ADDRESS	1320 N VEITCH ST APT 1038	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AQUINO, HEDY	
STREET ADDRESS	9655 OAKWOOD DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	AQUINO, MELINDA A	
STREET ADDRESS	45 WALL ST STE 806	
CITY-ST-ZIP	GAINESVILLE FL 32612-2101	
TITLE	P	<input type="checkbox"/> Delete
NAME	AQUINO, DANILO P.M.D.	
STREET ADDRESS	1136 BRYN MAWR AVENUE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIPACO, CARLO	
STREET ADDRESS	16 LONG BRIDGE DR	
CITY-ST-ZIP	MOUNT LAUREL NJ 08054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFONSO REALISTA	
STREET ADDRESS	3251 FALCON PT. DR	
CITY-ST-ZIP	KISSIMMEE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/17/05

Date

863 6768581

Daytime Phone #