


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90062 019 ***150.00

DOCUMENT # P97000015433 1. Entity Name THE GREAT SUNSHINE PRESS CORPORATION					
Principal Place of Business 11017 SW 88TH STREET J205 MIAMI, FL 33176 US			Mailing Address P O BOX 653552 MIAMI, FL 33265-9998 US		
2. Principal Place of Business 8141 SW 119TH COURT Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami, FL			City & State		
Zip 33183		Country USA		Zip Country	
4. FEI Number 65-0803827			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LORENZANA, RONALD E 12875 SOUTHWEST 21ST ST MIAMI, FL 33175-1801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8141 SW 119TH COURT City Miami, FL Zip Code 33183		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP LORENZANA, RONALD E 11017 SW 88TH STREET APT J205 MIAMI, FL 33176			TITLE NAME STREET ADDRESS CITY-ST-ZIP 8141 SW 119 COURT Miami, FL 33183		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> 03-24-05 305 275 5545 <small>Date Daytime Phone #</small> </div>					