

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

02-22-2007 90026 036 ***150.00

DOCUMENT # P98000024684																										
1. Entity Name SUNSET SALSA, INC.																										
Principal Place of Business 4715 N HALE TAMPA FL 33614		Mailing Address 4832 W FLAMINGO RD TAMPA FL 33611																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
4. FEI Number 65-0906117		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																								
LIFSEY, J S 324 HYDE PARK AVENUE STE. 375 TAMPA FL 33606-2340		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 _____ DATE _____																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 		Date: 2-13-07 513859835																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																										

3/24/07

ATTACHMENT

66006902
#P98000024684

DEAR SIRs:

THIS IS MY SECOND REQUEST TO CHANGE
THE "ADDRESS ONLY" FOR COLUMN #10.

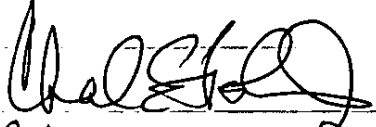
THE OFFICER & DIRECTORS REMAINS THE
SAME.

SHOULD READ: SUNSET SALSA
P98000024684

#10 TITLE: FOUNDER
NAME: FISHER, CHIP
ADDRESS: 4832 W. FLAMINGO RD
CITY: TAMPA, FL 33611

EVERY THING ELSE REMAINS THE SAME!!

Thanks

 3/24/07
CHARLES E. FISHER, JR.
813 835 9833