2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000069842

1. Entity Name SUN INTERNATIONAL PRODUCE COMPANY



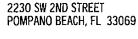
Mailing Address

2230 SW 2ND STREET POMPANO BEACH, FL 33069 5067

4. FEI Number

FILED Mar 05, 2007 08:00 AM **Secretary of State**





Principal Place of Business



02212007 CR2E034 (11/05) No Chg-P

> Not Applicable 65-0855556 \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Applied For

6. Name and Address of Current Registered Agent

LESLIE, GREGG 2230 SW 2ND STREET

DO NOT WRITE

POMPANO BEACH, FL 33069				IN	THIS	SPACE	
8. The above the obligat	e named entity submits this statement for the patients of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or	both, in the Sta	te of Fiorida. I am fami	liar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				Agent signature required when reinstating) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	0 3/13/ 0 1 - 1000	7 -80117 **? 00655729	750,00
10.	OFFICERS AND DIRECTORS			b a.	03/13/0	7-30180-001	15p.oc
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESLIE, GREGG 2230 SW 2ND STREET POMPANO BEACH, FL 33069		nices:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BETHAL, ORLAND 3RD ST &CROOKED RUN RD NO VERSAILLES, PA			i i i i i i i i i i i i i i i i i i i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BETHEL, GARY 8 THOMAS JEFFERSON DR IRWIN, PA			DC	NOT	WRITE	
TITLE				IN	THIS	SPACE	

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 WAME OF SIGNING OFFICER OR DIRECTOR