


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91761 020 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P98000080080</b>			<b>90128281</b>
1. Entity Name <b>FELIX - SUNSHINE CORPORATION</b>			
Principal Place of Business 2999 N.E. 191ST STREET #900 AVENTURA, FL 33180		Mailing Address 2999 N.E. 191ST STREET #900 AVENTURA, FL 33180	
2. Principal Place of Business 500 NW 165 Street Suite, Apt. #, etc. Suite 104	3. Mailing Address 500 NW 165 Street Suite 104		
City & State North Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33169	Country USA	Zip 33169	Country USA
4. FEI Number 65-1070469		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  SCHIFFMAN, ADAM R ESQ. 2999 N.E. 191ST STREET #900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <small>(NOTE: Registered Agent's signature required when retaining)</small>	
<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> <b>FILE NOW! FEES \$150.00</b>  <b>After May 7, 2003 Fees will be \$200.00</b>  <b>Make Check Payable to Florida Department of State</b> </div>		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	<input checked="" type="checkbox"/> Delete D. WOHLLAIB, EUGEN 7000 ISLAND BLVD #908 AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director/President David A. Paul 500 NW 165 Street Ste.104 North Miami Beach, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director/Vice President Wm. L. R. Nash 500 NW 165 St. Ste. 104 North Miami Beach, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director/Secretary/Treasurer Shorena K Johnson 500 NW 165 Street Ste. 104 North Miami Beach, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David A Paul</i>		Date: 4-30-03 305-682-1328	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

CFR2E034 (10/02)