2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P99000019248 1. Entity Name SUNSHINE DAIRY DISTRIBUTOR, INC. Mailing Address Principal Place of Business 12960 SW 88TH LANE 12960 SW 88TH LANE **MIAMI FL 33186 MIAMI FL 33186** 2. Principal Place of Business 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0905697 Not Applicat Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAZQUEZ, CARLOS Street Address (P.O. Box Number is Not Acceptable) 12960 SW 88TH LANE MIAMI FL 33186 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 accepthe obligations of registered agent. SIGNATURE DATE Signature, typed or priviled name of registered agent and title if applicable (NOTE: Repistered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$. Election Campaign Financing \$5.00 May D. After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. □ Admi TITLE ☐ Change TITLE PD Delete NAME NAME VAZQUEZ, CARLOS STREET ADDRESS 12960 SW 88TH LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CHY-ST-IP ☐ AACC Delete ☐ Change TITLE TITLE U00000498628 NAME NAME 04/22/06-80102-017 150.00 STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition THIS NAME STREET ADDRESS STREET ADDRESS GTY-SI-78P CITY-ST-IP Change Addition TITLE Defete KILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Delete Addition TITLE 33T) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete SATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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:

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4.5.06

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**FILED**