2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2005 8:00 am
Secretary of State
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DOCUMENT # P99000080773

1. Entity Name
SUNSHINE TROPICAL, INC.

Principal Place of Business	Mailing Address
10624 NW 54 STREET MIAMI, FL 33178	10624 NW 54 STREET MIAMI, FL 33178

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0958596 ☐ 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
DIAZ, EDUARDO 1845 SW 14 STREET MIAMI, FL 33145	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD SARRIA, MARGARITA 21512 S.W. 88TH PLACE MIAMI, FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition 10624 NW 54Th STREET Miami, FL 33178
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CEOD ECHEVERRIA, GUSTAVO A 21512 S.W. 88TH PLACE MIAMI, FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition 10624 NW 54Th Street Miami, FL 33178
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: [signature] / Gustavo Echeverria 02/28/05 (305)971-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #