

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080773

Entity Name: SUNSHINE TROPICAL, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

10624 NW 54 STREET
MIAMI, FL 33178

New Principal Place of Business:

8323 LAKE DRIVE
M-404
MIAMI, FL 33178

Current Mailing Address:

10624 NW 54 STREET
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-0958596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, EDUARDO
1845 SW 14 STREET
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARRIA, MARGARITA
Address: 10624 NW 54TH STREET
City-St-Zip: MIAMI, FL 33178

Title: CEOD () Delete
Name: ECHEVERRIA, GUSTAVO A
Address: 10624 NW 54TH STREET
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO ECHEVERRIA

CEOD

04/13/2009

Electronic Signature of Signing Officer or Director

Date