

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086140

FILED
Apr 11, 2008
Secretary of State

Entity Name: SUNSHINE FOODS OF FLORIDA, INC.

Current Principal Place of Business:

929 NE 125TH ST.
N. MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

929 NE 125TH ST.
N. MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0951893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LISSADE, FLORENCE
929 NE 125TH ST.
N. MIAMI, FL 33161 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: P () Delete
Name: LISSADE, FLORENCE
Address: 3750 NW 28TH ST #201
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: TELFORT, POITEVIEN
Address: 3750 NW 28 TH ST #201
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LISSADE, FLORENCE
Address: 929 NE 125 TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D (X) Change () Addition
Name: TELFORT, POITEVIEN
Address: 929 NE 125 TH STREET
City-St-Zip: MIAMI, FL 33161

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: FLORENCE LISSADE

P

04/11/2008

Electronic Signature of Signing Officer or Director

Date