2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 558194

1. Entity Name
SUNNY NUTRITION SERVICE, INC.

FILED
03 DEC 11 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED ANNUAL REPORT

200025527902
12/16/03--01011--014 **61.25

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
7221 CORAL WAY SUITE 204 MIAMI, FL 33155	

2. Principal Place of Business	3. Mailing Address
7221 CORAL WAY	
Suite, Apt. #, etc. SUITE 204	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State FL
Zip 33155	Zip
Country USA	Country

4. FEI Number
650270203
☐ 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
MILAGROS C. NOVOA 7221 CORAL WAY SUITE 204 MIAMI, FL 33155	Name: OMAR SAM Street Address (P.O. Box Number is Not Acceptable): 7221 CORAL WAY SUITE 204 City: MIAMI FL Zip Code: 33155

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 X _____ 12-08-03
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, 2003 Fee will be $550.00
Make Check Payable to: Florida Department of State

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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORGE F NOVOA 9782 SW 37th TERRACE MIAMI, FL	☑ Delete	D, P, S OMAR SAM 401 SW 104 STREET MIAMI, FL 33174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILAGROS C NOVOA 9782 SW 37th TERRACE MIAMI, FL	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: X SIGNATURE REQUIRED 12-08-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #