2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State
01-27-2005 90069 001 ***300.00

DOCUMENT # S76726

1. Entity Name
SUNSHINE BOUQUET COMPANY

66UUU401

Principal Place of Business	Mailing Address
2019 NW 89TH PLACE. MIAMI, FL 33126 US	P.O. BOX 892 DAYTON, NJ 08810-0892 US

01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0279476
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
SUITE 1500 CRM
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D/P
NAME	SIMKO, JOHN D.
STREET ADDRESS	~~8370 PONCE DE LEON RD~~ 10205 Coral Creek Rd
CITY-ST-ZIP	~~MIAMI, FL 33143~~ Coral Gables, FL 33156
TITLE	D
NAME	SIMKO, KATHLEEN
STREET ADDRESS	~~8370 PONCE DE LEON RD~~ 10205 Coral Creek Rd
CITY-ST-ZIP	~~MIAMI, FL 33143~~ Coral Gables FL 33156
TITLE	V
NAME	ANHUT, CHRISTOPHER 3890 Coco Grove Ave
STREET ADDRESS	~~151 SUNSET ROAD~~
CITY-ST-ZIP	~~SKILLMAN, NJ 08558~~ Coconut Grove, FL 33133
TITLE	V
NAME	SMITH, ERIC P
STREET ADDRESS	3664 HERON RIDGE LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	V
NAME	REGISTER, STEVEN
STREET ADDRESS	23-11 RAVEN COURT DRIVE
CITY-ST-ZIP	PLAINSBORO, NJ 08536
TITLE	VST
NAME	JOHNSTON, ANDREW S
STREET ADDRESS	1 LA VALENCIA ROAD
CITY-ST-ZIP	OLD BRIDGE, NJ 08857

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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: _____ 1-17-05 732-274-2900 #123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #