


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90044 001 \*\*\*300.00

**DOCUMENT # S76726**  
 1. Entity Name  
**SUNSHINE BOUQUET COMPANY**



Principal Place of Business  
**2019 NW 89TH PLACE.**  
**MIAMI, FL 33126 US**

Mailing Address  
**P.O. BOX 892**  
**DAYTON, NJ 08810-0892 US**

**66004435**



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0279476</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SIMKO, JOHN D. 10205 CORAL CREEK ROAD CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMKO, KATHLEEN 10205 CORAL CREEK ROAD CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANE, BRUCE 76 COVERED BRIDGE TR RICHBORO, PA 18954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ERIC P 11501 SW 65TH CT PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REGISTER, STEVEN 2478 INAQUA AVE COCONUT CREEK, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST JOHNSTON, ANDREW S 1 LA VALENCIA ROAD OLD BRIDGE, NJ 08857

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE:  **Andrew Johnston** **1/24/08** **732-274-2900 #123**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #