

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000104446

**Entity Name:** SUNSHINE PHARMACY AND SUPPLIES, INC.

**Current Principal Place of Business:**

8159 NW 66 STREET  
MIAMI, FL 33166

**Current Mailing Address:**

8159 NW 66 STREET  
MIAMI, FL 33166 US

**FEI Number:** 26-3770647

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOZAS, ANGEL  
8159 NW 66 STREET  
MIAMI, FL 33166 US

*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:** ANGEL MOZAS

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, T  
Name MOZAS, ANGEL  
Address 8159 NW 66 STREET  
City-State-Zip: MIAMI FL 33166

Title VP  
Name GOITIA, AMADO A  
Address 8159 NW 66 STREET  
City-State-Zip: MIAMI FL 33166

Title S  
Name GOITIA, TANIA M  
Address 8159 NW 66 STREET  
City-State-Zip: MIAMI FL 33166

*I hereby 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 all other like empowered.*

**SIGNATURE:** TANIA GOITIA

**OWNER**

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date