

2019 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

01/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P, T	Title	S
Name	MOZAS, ANGEL	Name	GOITIA, TANIA M
Address	8159 NW 66 STREET	Address	8159 NW 66 STREET
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166
Title	VICE PRESIDENT		
Name	DIEZ, SOPHIA MARGARITA		
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**OFFICER**

01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date