2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 09, 2006 8:00 am **Secretary of State** DOCUMENT # F95000005320 1. Entity Name 03-09-2006 90164 035 ***150.00 SUNOL MOLECULAR CORPORATION Principal Place of Business Mailing Address 2810 NORTH COMMERCE PARKWAY 2810 NORTH COMMERCE PARKWAY MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0613751 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUANG, BEE-YAU Street Address (P.O. Box Number is Not Acceptable) 2966 WENTWORTH WESTON FL 33332 Zip Code 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, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Chairman of the Board TITLE **PCEO** ☐ Delete TITLE Addition | NAME WONG, HING CHEUNG NAME STREET ADDRESS 2966 WENTWORTH STREET ADDRESS CITY-ST-ZIP WESTON FL 33332 CITY-ST-7/P TITLE SV and Treasurer ☐ Delete THE Addition NAME HUANG, BEE-YAU NAME STREET ADDRESS 2966 WENTWORTH STREET ADDRESS CITY-ST-ZIP WESTON FL 33332 CITY-ST-ZIP Delete THIE CEO Addition NAME TAYLOR, DEAN NAME STREET ADDRESS STREET ADDRESS 2563 BAY POINTE DRIVE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 TITLE TITLE ☐ Chance ☐ Addition THUNING-ROBERTSON, CLAIRE NAME STREET ADDRESS 521 TROPICAL WAY STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP DOAF TITLE TITLE ☐ Addition CUSICK, PATRICK J NAME NAME 10935 NW 64TH DRIVE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 part like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PARKLAND FL 33076

☐ Delete

FILED

☐ Change

Addition