2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # 674968** 1. Entity Name 04-19-2004 90312 046 ***150 00 SUNNY SUN GLASSES OF MIAMI, INC. Principal Place of Business Mailing Address 8900 NW 33RD ST 8900 NW-33RD ST MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2009195 Not Applicable 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 Name JA-HSIUNG HUANG Street Address (P.O. Box Number is Not Acceptable) 11326 SW 153 CT. **MIAMI FL 33196** 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ■ Addition NAME HUANG, JASON NAME STREET ADDRESS 11326 SW 153 CT. STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP STD Delete □ Change TITLE TITLE ☐ Addition HUANG, L.Y. TSENG NAME NAME STREET ADDRESS 11326 SW 153 CT. STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP VPD Change TITLE Delete TITLE Addition NAME LEE-CHWAN-RUEY ** NAME - --STREET ADDRESS 6830 VERONEST ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33146 TITLE Delete TITLE ☐ Change ☐ Addition TSENG, YUNG-LUNG NAME NAME 15358 S.W. 113TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Change THLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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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: