

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 674968**

1. Entity Name  
**SUNNY SUN GLASSES OF MIAMI, INC.**



Principal Place of Business

**8900 NW 33RD ST  
MIAMI, FL 33172**

Mailing Address

**8900 NW 33RD ST  
MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2009195**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JA-HSIUNG HUANG  
11326 SW 153 CT.  
MIAMI, FL 33196**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUANG, JASON
STREET ADDRESS	11326 SW 153 CT.
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	STD
NAME	HUANG, L.Y. TSENG
STREET ADDRESS	11326 SW 153 CT.
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	VPD
NAME	LEE, CHWAN-RUEY
STREET ADDRESS	6830 VERONEST ST.
CITY - ST - ZIP	MIAMI, FL 33146
TITLE	D
NAME	TSENG, YUNG-LUNG
STREET ADDRESS	15358 S.W. 113TH TERRACE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN00000306955  
04/15/05-80035-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-13-0 305-591-3065**