2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90077 031 ***150.00 **DOCUMENT #674968** 1. Entity Name SUNNY SUN GLASSES OF MIAMI, INC. 40046870 Principal Place of Business Mailing Address 8900 NW 33RD ST 8900 NW 33RD ST MIAMI, FL 33172 MIAMI, FL 33172 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State 59-2009195 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JA-HSIUNG HUANG Street Address (P.O. Box Number is Not Acceptable) 11326 SW 153 CT. MIAMI, FL 33196 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 19: "Efection Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition PD ☐ Delete TITLE TITLE HUANG, JASON NAME NAME STREET ADDRESS STREET ADDRESS 11326 SW 153 CT. CITY-ST-ZIP MIAMI, FL 33196 CITY-S1-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME HUANG, L.Y. TSENG NAME STREET ADDRESS 11326 SW 153 CT. STREET ADDRESS MIAMI, FL 33196 CITY-ST-ZIP CITY - ST-ZIP Addition ☐ Change VPD TITLE Delete LEE, CHWAN-RUEY NAME NAME STREET ADDRESS STREET ADDRESS 6830 VERONEST ST. CITY-ST-ZIP MIAMI, FL 33146 CITY-ST-7IP ☐ Chanoe ■ Addition TITLE Delete TITLE TSENG, YUNG-LUNG NAME STREET ADDRESS 15358 S.W. 113TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.

CER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: