

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 739581

1. Entity Name
SUN FLYING, INC.



Principal Place of Business

**14901 NW 37TH PL
OPA LOCKA AIRPORT
OPA LOCKA, FL 33054 US**

Mailing Address

**BOX 660132
MIAMI SPRINGS, FL 33166 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number

59-1088117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALBRITTON, JAMES E
215 SW 159 TERR.
SUNRISE, FL 33326**

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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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DE LA SIERRA, RAUL
STREET ADDRESS	2635 W 81 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VD
NAME	MORAN, RAYMOND
STREET ADDRESS	870 WREN AVE
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	TD
NAME	BANN, PETER G
STREET ADDRESS	990 IBIS AVE
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	PD
NAME	WILSON, BUTCH
STREET ADDRESS	12980 N.W. 30TH AVENUE
CITY-ST-ZIP	OPA LOCKA, FL
TITLE	VD
NAME	FRUIT, DEL
STREET ADDRESS	4590 N JEFFERSON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/06/06-80005-016 61.25

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IN THIS SPACE**

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 617, 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 #

6/15/06

305 7335135