2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739581

1. Entity Name

SUN FLYING, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90514 013 ****61.25

Zip Country Zip Country Sip Country Sip Country S. Cerificate of Status Desired Agent Status Desired Status Des								7				
Suite. ApJ. #, etc. CHECK HERE IF MAKING CHANGES City & State	14901 NW 37TH PL B OPA LOCKA AIRPORT N OPA LOCKA FL 33054 U				60132			1 1 10 HH 1 8 CO D 161	18 (818) B)(8) (8) (8) (8) (8) (8)	INNIK OLDKE BLUK OLD	II BIBIK IBEL	
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ALBRITTON, JAMES E 215 SW 159 TERR. SUNRISE FL 33326 City FL 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 accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. I Table To Delete Title Now, and the obligations of registered agent agent agent agent agen	Zip Country			Zip Coun			untry	5 Certificate of Status Desired \$8.75 Additional				
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2. 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 of 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:

Setuado Pareculação

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