2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # F69734 1. Entity Name 04-19-2004 90311 018 ***150.00 SUNNY TRADING, 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. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2194651 Not Applicable Zip Country 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 HUANG, JASON H. Street Address (P.O. Box Number is Not Acceptable) 11326 SW 153 CT. MIAMI FL 33196 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUANG, JASON H. NAME NAME 11326 SW 153 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP STD ☐ Delete TITLE TITLE ☐ Change Addition NAME HUANG, LIH-YEUH MAME STREET ADDRESS 11326 SW 153 CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL . CITY-ST-ZIP TITLE VPD ☐ Delete TITLE ☐ Change ☐ Addition NAME LEE. RAY NAME ---STREET ADDRESS 6830 VERONESE ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL.33146 CITY-ST-ZIP П TITLE ☐ Delete TITLE ☐ Change ☐ Addition TSENG, YUNG-LUNG NAME NAME 15358 SW 113 TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

ASON HUANG) 4-15-04 (301) 691-3065

ORDINECTOR

Date

Date

Dayline Phone # SIGNATURE

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.