2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # F69734 1. Entity Name SUNNY TRADING, INC.					04-23-2007	90270 038 ***150	0.00	
Principal Place of Business		Mailing Address			300			
8900 NW 33RD ST.		8900 NW 33RD ST.			. ,			
MIAMI, FL 33172		MIAMI, FL 33172						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					0.18 8.10 0.18 0.10 4.10 6.10	
Suite, Apt. #, etc.		. Suite, Apt. #, etc.			01312007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number			oplied For
Zip Country		Zip Countr		ıtrv	59-2194		_ \$8.75 Add	ot Applicable
. 210	Soundly	2.10	00011	,	5. Certificate o	Status Desired	Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
HUANG, JASON H.			Name					
11326 SW 153 CT.			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33196					· · · ·			
			City			FL Zip Cod	е	
The above named entity submits this statement for the purpose of changing its registere				<u> </u>	intered agent or both	in the State of Ele		and accept
	ions of registered agent.	or the purpose of changing its	i a gistare	ad office of 1eg	nstered agent, or both	, iii tile State Oi i k	onua. Tantianilia wini,	and accept
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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	STD HUANG, JASON H.	☐ Delete	TITLE NAM	I			☐ Change	Addition
STREET ADDRESS	11326 SW 153 CT.			ET ADDRESS				
CITY-ST-ZIP	MIAMI, FL		CITY	-ST-ZIP				
TITLE	STD HUANG, LIH-YEUH)	☐ Delete	TITLE	I	1	و تسور و د	☐ Change	Addition
NAME STREET ADDRESS	11326 SW 153 CT.		NAM. STRE	ET ADDRESS	tuang, LIH	1- YDE 7		
CITY-ST-ZIP	MIAMI, FL		CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAM	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE	:			☐ Change	Addition .
NAME			NAM	I .				į
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip				
TITLE			TITLE				☐ Change	Addition
		☐ Delete						
NAME		☐ Delete	NAM	1				
NAME STREET ADDRESS		☐ Delete	NAM STRE	ET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP			nam Stre City	ET ADDRESS - ST-ZIP			☐ Chance	☐ Addition
NAME STREET ADDRESS		☐ Delete☐ Delete☐ Delete☐	NAM STRE	ET ADORESS - ST - ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAM STRE CITY TITLE NAM STRE	ET ADDRESS EST-ZIP EEET ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	☐ Delete	NAM STRE CITY TITLE NAM STRE CITY	ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP	single Change 112	Elogida Charles		

12. I hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE:

NATURE AND TYPED OR BRINTED NAME OF SKINING OFFICER OR DIRECTO

4-19-07

(30+)591-5065