


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K17070</b> 1. Entity Name <b>SUN PERIODICAL CORP.</b>	
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Principal Place of Business <b>2105 NW 102 AVENUE MIAMI, FL 33172 US</b>	Mailing Address <b>2105 NW 102 AVENUE MIAMI, FL 33172 US</b>
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0036610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BRUNJES, ROBERT F. 2105 NW 102 AVENUE MIAMI, FL 33172</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000089115  
03/15/04-80080-007 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRUNJES, ROBERT F. 10751 SW 27 STREET DAVIE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BOHORQUES, JOSE A. 9385 SW 21 STREET MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GELFAND, ARTHUR ONE EXECUTIVE DR #151 SOMERSET, NJ 08873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/04 305-592-3919**  
Date Daytime Phone #