2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # L41345 1. Entity Name 04-29-2004 90306 039 ***150.00 SUN GUARD, INC. Principal Place of Business Malling Address 1081 SUMMIT PLACE CIRCLE E PO BOX 540-366 UNIT E LAKE WORTH, FL 33454 WEST PALM BEACH, FL 33415 2. Principal Place of Business 3. Mailing Address 10 BI SUMMIT PLACE CIPCLE C Suite, Apt. #, etc. Suite, Apt, #, etc. 04232004 Cha-P CR2E034 (10/03) シャノイ City & State City & State 4. FEI Number Applied For WESTPOLM BETALK, FL 65-0164334 Not Applicable Zip Country Zin Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 33415 US. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDES JORGE HERNANDEZ, GEORGE Street Address (P.O. Box Number is Not Acceptable) 4396 NICIA WAY GREENACRES; FL=33463= 1081 SUMMIT PLACE CIRLLE 40 CITY WEST PALM BEACH. 8. The above named entity submits this statement in 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 A APRIL 23 - 2004. DORGE HERMANDER SIGNATURE. gistered agent and title if applicable, Signature, typed or printed nart (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. -11. TITLE Delete TITLE Change . ERNANDEZ, JORGE NAME HERNANDEZ, JORGE NAME 1081 SUMMIT PLACE CIRCLE # C STREET ADDRESS 3658 OLD LIGHTHOUSE CIRCLE STREET ADDRESS CITY ST ZIP WELLINGTON, FL 334148843 CITY-ST-7IP tine 🕾 Delete ПΠЕ Change Addition NAME HERNANDEZ SANDRA NAME STREET ADDRESS 3568 OLD LIGHTHOUSE CIRCLE STREET ADORESS CITY-ST-ZIP WELLINGTON, FL 334148843 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 truef 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 empsyched 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/sil other.like empowered,

FILED

204/561) 3330800