2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2004 8:00 am Secretary of State

DOCUMENT # L92420 1. Entity Name SUN TREASURE INVESTMENT GROUP, INCORPORATED				02-25-2004	4 90045 037 ***150.00
Principal Place of Business Mailing Address					
1541 SE PORT ST LUCIE BLVD 1541 SE PORT ST LUCIE BLVD			BLVD		." ".
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PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952			152	F INCORDIA DED IGNO VIOLA DEDAR SON HO	Et debli sidet didek didek didik didilagi el 1001
Principal Place of Business 3. Mailing Address					
			St Lucie Blv		II GIOLE CIGII GIBII BIBII BEBII BIBIIKBI 11 IBBI
Suite, Apt. #, etc. Suite, Apt, #, etc.			02182004 Chg-P	CR2E034 (10/03)	
Suite A Suite A City & StateCity & State				4. FEI Number	Applied For
Port St Lucie Port St. Lucie		C-1 P	98-0112439	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
FL	1-5A -	<u> </u>	-USA		Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
MECCA, JACK MECCA, JACK					
. 1541 SE PORT STILUCIE BLVD. Street Address (F.Q. Box Number is Not Acceptable)					
, conen				Ted St. Lucie Bli	<u> </u>
PORT ST LUCIE, FL 34952			Suite	<u> </u>	
,			Post 4.	Lucie	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 accept					
the obligations of registered agent.					
SIGNATURE					
Signature, typed or profed nome of registered agent and fille if tay & at the (INOTE: Registered Agent papert are required when constating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	IRECTORS	11,	ADDITIONS/CHANGES TO OFF	TICERS AND DIRECTORS IN 11
TITLE	PST MECCA MACK	☐ Defete	THE		☐ Change ☐ Addition
NAME STREET ADDRESS	MECCA, JACK 2022 SE ALLAMANDA DR		NAME STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE, FL		CITY-ST-ZIF		
TITLE		Detelo	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-S1-ZIP			CITY-ST-ZIP		
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NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CHY-SI-ZIP	<u>-</u>	
TITLE		☐ Delete	THLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CHY-ST-ZIP		
TITLE		Defeto	E TILLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
JULE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			SUREEL ADDRESS		
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		CHTY ST-ZIP		
				Section 119 07(3)(i) Florida Statutes	

• The early sense and the information supplied with this filling does not quality for the exemption stated in Section 119,07(3)(ii), 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 attachined with an address, with all other like empowered.

SIGNATURE:

WE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/19/04

772 370-6030 Daylarie Phone #