## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 03, 2003 8:00 am Secretary of State

_	MAILOUM DOSIME	33 NEFONI	Inbul	e/	
1. Entity Nar		$\epsilon$		07-03-2003 90035 046 ***150.00	
SUN	NSHINE AIRGUNS &	COLLECTIBLES INC.	'V'		
	DO NOT WRITE	IN THIS SE	PACE		
			dry in Asia et al		
	Place of Business SW 8th ST	3. Mailing Address 7105 SW 8t	h ST		
Suite, Apt. #, elc. Suite # 310		Suite # 310		DO NOT WRITE IN THIS SPACE	
City & Sta • Miami		City & State Miami, FL		4. FEI Number Applied For 65-1078271 Not Applieable	
Zip 3 3 1 4 4		Zip 33144	Country USA	5. Certificate of Status Desired \$8.75 Additional	
				7. Name and Address of Current Registered Agent	
	BONOEW		Name Jorg	e A Chavez	
	···· DO NOT W		Street Addres	s (P.O. Box Number is Not Acceptable) SW 93 PLACE	7
	IN THIS SP	ACE			7
			City Miar	FL   Zip Code   331.65	
the obliga	a named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept	
<b>)</b> 50	15mall ou	12	Jorge A C	havez - Pres. June 1, 2003	
SIGNATURE	Signature, yourd or printed name of registered agent as	nd title if a plicable. (NOTE:	Registered Agent signature requi		_
	nuary 1 May 1 Fee Is \$150.00 After May 1 Fee Is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees	
10.	OFFICERS AND D	DIRECTORS	Jan		<u> </u>
TITLE NAME	President Direct	or	MAME		CR2E034B (12/02
STREET ADDRESS	Jorge A. Chavez 1720 SW 93rd Pla	ce	STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 3316		CITY ST: ZIP F		
TITLE NAME	Vice-President/T	reas/Directo	TITLE NAME		23   23
STREET ADDRESS	Ana M Mier 1720 SW 93rd Pla	0.0	STREET ADDRESS		Š
CITY-ST-ZIP TITLE	Miami, FL 331		CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS	DO NOT WRITE	
TITLE			TITLE CO.	IN THIS SPACE	
NAME STREET ADDRESS			NAME	EIN HING OFACE	Š.
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		The state of the s	rmie de si de s		<b>3</b>
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CHY-ST-2IP*		
TITLE Name			TITLE NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	antifut bat the information and the desire	this film stage and an It for	CIY SI ZIP	2000	À
indicated of the co	on this report or supplemental report is t	true and accurate and that my owered to execute this report	signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or on an	