2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT								FILED				
DOCUMENT # P01000041121							SECRETARY OF STATE DIVISION OF CORPORATIONS					
1. Entity Name												
SUN FIBERS, INC.								04 SEP (30 PM 2	: 16		
Principal Place of Business Mailing Address							•					
4715 NW 1	57 ST		4715 NW 157 ST									
104 Hialeah, fl	33014		104 Hialeah, Fl. 33014									
			THALLAH, TE 33014								<i>[]</i> [] [] []	
2. Principal f		ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08312004	Chg-P	CR2E034 ((10/03)		
City & State			City & State				4. FEI Number 65-1113				ied For Applicable	
Zip	p Country		Zip Country				5. Certificate of Status Desired \$8.75 Additional					
6. Name and Address of Current I			egistered Agent				7. Name and Address of New Registered Agent					
						Name						
WALLACE, MILTON J ESQ 1200 BRICKELL AVE						Street Address (P.O. Box Number is Not Acceptable)						
STE 1720 MIAMI, FL 33131						1111 /hail 11 /haica						
14(1/C)(4)1, 1 E			City	r.	Kickel	1 HVR	<u>, # 2/.</u>	S U Zip Code				
8. The above	e named entit	v submits this statement fo	or the purpose of changing its	renister	ed office or	register	Tiani	in the State of Ele	ГЩ	331	31	
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND DIF	ECTORS IN	V 11	
TITLE	DP	*	☐ Delete	TITLE							Addition	
NAME STREET ADDRESS	WALLACE, MILTON J 1200 BRICKELL AVE-1720					1111	1 / DKic	tell Av	exue.	# 2/:	50	
CITY-ST-ZIP	MIAMI, FL 33131 cm											
TITLE	VP	A, JASMINE Z	☐ Delete	TITLE			Fir	10041	capa	Change [Addition	
NAME Street Address	4715 NW	NAME STRE	E et address		10/01	0 0041 /040106	1013	**61.2	25 l			
CITY-ST-ZIP	MIAMI, FL	. 33014		CITY-	-ST-ZIP							
TITLE	S	LEBOV	Delete	TITLE				~ ,	_ 🔀	Change [Addition	
NAME STREET ADDRESS	BAUMAN; LEROY NA 1200 BRICKELL AVE 1720					111	1 Bzi	ckell A	venue.	#21	150	
CITY-ST-ZIP	MIAMI, FL	33131		CITY-	-ST-ZIP		. , , , , , , , , , , , , , , , , , , ,					
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NAME STREET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			NAME STREE	ET ADDRESS	77.7	nanes (_Q_C_GON	-110	٠ <u>ـ</u>		
CITY-ST-ZIP					ST-ZIP	Rig	m: 2	33	0/4	•	}	
TITLE			☐ Delete	TITLE						Change [Addition	
NAME STREET ADDRESS		-		NAME STREE	ET ADDRESS							
CITY-ST-ZIP	-	•		CITY-	ST-ZIP							
TITLE NAME	3 .	,	☐ Delete	TITLE			•			Change [Addition	
STREET ADDRESS				NAME STREE	T ADDRESS .	-					-	
CITY-ST-ZIP				ĊITY-	ST-ZIP							
12. Thereby certify that the information supplied with this filling 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 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: X Willey (MO) 100 8/31/04 JUH-9091												
SIGNATURE: SIGNATURE: SIGNATURE AND PAPED OR PRINTED BAYER OF SIGNING OFFICER OR DIRECTOR DIR												

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