## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE    April 1	DOCUMENT # P0100045918  1. Entity Name SUN & FUN INTERNATIONAL CORP.				0.0	FILED	
DO NOT WRITE IN THIS SPACE    04252004 No Chg-P CR2E034 (10/03)					04	APR 28 M 9 27	
DO NOT WRITE IN THIS SPACE  4. FEI Number 65-110.0680  4. FEI Number 65-110.0680  5. Conflicted of Status Desired  S8.75 Additional Foo Required  9. S. 75 Additional Foo Required  9. S. Foo NOT WRITE IN THIS SPACE  1. THIS SPACE  8. The above nervice series submits this statement for the purpose of changing its registered agent. or both, in the State of Florids. I am furnish with, and accept the obligations of registered agent in registered agent in registered agent. Or both, in the State of Florids. I am furnish with, and accept the obligations of registered agent with a registered agent in the obligations of registered agent with a florid for the purpose of changing its registered agent or registered agent in the State of Florids. I am furnish with, and accept the obligations of registered agent with a florid for the purpose of changing its registered agent or registered agent in the State of Florids. I am furnish with, and accept the obligations of registered agent with a florid for the purpose of registered agent in the State of Florids. I am furnish with, and accept the obligations of registered agent with a florid for the purpose of registered agent in the State of Florids. I am furnish registered agent in the State of Florids. I am furnish registered agent in the State of Florids. I am furnish registered agent in Florid Florid for the State of Florid f	3423 MCKIN	LEY STREET	POST OFFICE BOX 817244	L	SEC TALL	RETARY OF STATE JAHASSEE, FLORIDA	
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SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent.  SIGNATUR?  Signives. Repair or prints raise of registered agent.  NOTE Registered Agent age		O NOT WRITE (	N THIS SPA	OE .	1	Not Applicable	
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SIGNATURE  Signalure, repeat or primed name or imposered agent and see if acordicable. (NOTE Regarded Agent signature required when remotating)  PILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campeign Financing Trust Fund Contribution.    \$5.00 May Be Added to Fees   NOTE Regarded Agent signature required when required when required when required the repeat of the composition of the technique of the strength of the supposition of the technique of the composition of the technique of the composition of the technique of the strength of the supposition of the technique of the strength of the supposition of the technique of the departs of the supposition of the technique of the s	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.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  110. PSTD HAWRYLCIW, ANNA SINEET ADDRESS 3423 MCKINLEY STREET HOLLYWOOD, FL 33021  111.E NAME HAWRYLCIW, WOLODYMYR SINEET ADDRESS CITY 51-7P HOLLYWOOD, FL 33021  111.E NAME SINEET ADDRESS CITY 51-7P  TITLE NAME SINEET ADDRESS CITY 51-7P  TITLE NAME SINEET ADDRESS CITY 51-7P  TITLE TITLE NAME SINEET ADDRESS CITY 51-7P  TITLE NAME SINEET ADDRESS	SIGNATURE						
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 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 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.	NAME STREET ADDRESS				IN THIS	SPACE	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							