FOR PROFIT CORPORATION OOS UNIFORM BUSINESS REPORT (UBR)			ÄLED	
DOCUMENT #PO 10000 57294			04 APR -8 AM 7: 15	
SUNNY BEACHWEAR 2, INC			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE				
Principal Place of Business SURF RD 3. Mailing Address 1000 N SURF RD Suite, Apt. #, etc.		4	IN THIS SPACE	
City & State 140LY WOOD FL	City & State HOCLYWOOD, FL		4. FEI Number 65 - 111 2673	Applied For Not Applicable
zip 33019 Country US	Zip 33019	Country US	Certificate of Status Desired	\$8.75 Additional Fee Required
		Name An	7. Name and Address of Current F	
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE 1000 N SURF RD				
		281 . 24 7 . 22 .	rywod	FL Zip 533019
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. SIGNATURE State of Florida Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE State of Florida Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE State of Florida Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE State of Florida Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May Amende	May 1 Fee is \$150.00 /41 Fee is \$550.00 od UBR is \$61.25 ble to Department of St	Trust Fund Contribution	\$5.00 May Be Added to Fees
11. OFFICERS AND THE SHUARRAN AM		ME		
STREET ADDRESS 1000 N. SURF	1) RD 33019	NAME STREET ADDRESS CITY-ST-ZIP	0470970401555	49228
TILE NAME STREET ADDRESS		NAME STREET ADDRESS		
CHY-SI-ZIP THUE		OTY ST ZIP		
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City-St-ZiP The		chy-st-zie		
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY, STYZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		NAME SIREET ADDRESS		
13. Thereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empattachment with an adjuss, with all other like en	true and accurate and that powered to execute this repo	my signature shall have the	same legal effect as if made under o	ath; that I am an officer or director
SIGNATURE: X MIT AT OUTER TIRE OF	+ 1-11 N 7-10/1 =	: ^ر م ۸	4/1/04	
SIGNATURE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytime Phone ◆

Daytimo Phone 🕈

Davtime Phone 6

SUNNY BEACHWEAR 2 INC 1000 N SURF ROAD HOLLYWOOD, FL 33019

April 1, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: SUNNY BEACHWEAR 2 INC
DOC#P01000057294

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed are my 2003-2004 UBR forms with my fee of \$300.00

Thank you very much for you help and understanding.

Sincerely,

AMIT SHNAPERMAN

AMIT, SHPAPZRMAP