2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P01000079989** 04-12-2004 90315 020 ***150.00 1. Entity Name SUN FURNITURE INC. Principal Place of Business Mailing Address 2491 NW 107TH AVE 2491 NW 107TH AVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address 720 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04092004 Chg-P City & State Applied For City & State 4. FEI Number 65-1130282 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHENG, RUEY H Street Address (P.O. Box Number is Not Acceptable) 2491 NW 107TH AVE CORAL SPRINGS, FL 33065 that he will be the City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Detete TITLE ☐ Change ☐ Addition NAME CHENG, RUEY H 2491 NW 107TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP STD TITLE Delete ☐ Change ☐ Addition CHENG, TSALF NAME NAME STREET ADDRESS 2491 NW 107TH AVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP mue 43.7° Delete TITLE ☐ Change Addition NAME, 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE - ∩elere> ----TITLE Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ... Addition NAME NAME STREET ADDRESS 33 . 33.37.2 684, 1.490 H 30HD 11.0M STREET ADDRESS CITY-ST-ZIP! CITY-ST-ZIP 12. I 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. 18 - Jan 1 SIGNATURE: TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED