


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90729 014 ***158.75

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| DOCUMENT # P02000006322 |  |
| 1. Entity Name SUN INVESTMENTS, INC. | |

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| Principal Place of Business 1800 SUNSET HARBOUR DRIVE 1007 MIAMI BEACH, FL 33139 | Mailing Address 1800 SUNSET HARBOUR DRIVE 1007 MIAMI BEACH, FL 33139 |
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94057437

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|--------------------------------|---------|---|------------|
| 2. Principal Place of Business | | 3. Mailing Address 350 West 50th Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 14 E | |
| City & State | | City & State New York NY | |
| Zip | Country | Zip | Country |
| | | 10019 | USA |



04132004 Chg-P CR2E034 (10/03)

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|--|--|
| 4. FEI Number 02-0006372 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|--|----------|
| 6. Name and Address of Current Registered Agent BEDOYA, GABRIEL 1800 SUNSET HARBOUR DRIVE 1007 MIAMI BEACH, FL 33139 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|--|--|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEDOYA, GABRIEL 1800 SUNSET HARBOUR DRIVE SUITE 1007 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: X Gabriel Bedoya April 14/04 (917) 417-5799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #