


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90009 023 ***150.00

DOCUMENT # 1. Entity Name <i>JAVA SUN INC</i> <i>P02000077525</i>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10821 Palm Spring Dr</i> Suite, Apt. #, etc. City & State <i>Boca Raton, Florida</i> Zip <i>33428</i> Country <i>USA</i>	3. Mailing Address <i>10821 Palm Spring Dr</i> Suite, Apt. #, etc. City & State <i>Boca Raton, Florida</i> Zip <i>33428</i> Country <i>USA</i>
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4. FEI Number <i>65-0677155</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name <i>Dario Bracht</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>10821 Palm Spring Dr</i>	
City <i>Boca Raton</i>	State <i>FL</i>
Zip Code <i>33428</i>	

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Dario Bracht</i> Dario Bracht	Date <i>05 11 04</i> (561) 541-0283
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CR2E034B (12/02)