

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90017 007 \*\*\*150.00

<b>DOCUMENT # P02000089368</b>					
<b>1. Entity Name</b> TUN TUN ENTERPRISES, INC.					
<b>Principal Place of Business</b> 148 S. FEDERAL HWY BOCA RATON, FL 33431			<b>Mailing Address</b> 19125 SKY RIDGE CIR. BOCA RATON, FL 33498		
<b>2. Principal Place of Business</b> 809 Lake AV <i>Sushi Blue</i> Suite, Apt. #, etc. Lake worth FL City & State		<b>3. Mailing Address</b> Sushi Blue Suite, Apt. #, etc. 809 LAKE AV City & State Lake worth FL			
Zip 33460	Country U.S.A	Zip 33460	Country USA	02122004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 03-0497092				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHOI-SHIN, HYE WON 19125 SKY RIDGE CIR. BOCA RATON, FL 33498			<b>7. Name and Address of New Registered Agent</b> Name: <i>CHOI-SHIN, HYE WON</i> Street Address (P.O. Box Number is Not Acceptable): <i>Sushi Blue</i> 809 Lake AV City: <i>Lake worth</i> <b>FL</b> Zip Code: <i>33460</i>		
<b>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.</b> SIGNATURE: <i>CHOI-SHIN, HYE WON</i> <i>[Signature]</i> <i>2/16/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOI-SHIN, HYE WON 19125 SKY RIDGE CIR. BOCA RATON, FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOI-SHIN, HYE WON 809 LAKE AV Lake worth FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <i>2/16/04</i> <i>561-741-9590</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					