

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00
Secretary of State

DOCUMENT # P02000110306

1. Entity Name
SUN STAR DIE-CAST, INC.



Principal Place of Business

**20533 BISCAYNE BLVD.
SUITE 477
AVENTURE, FL 33180**

Mailing Address

**20533 BISCAYNE BLVD.
SUITE 477
AVENTURE, FL 33180**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
68-0525719

Applied For

Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HO KA YUEN, MARGARET
20533 BISCAYNE BLVD.
SUITE 477
AVENTURE, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 15
Added to Fees

000000157961

07/04-80002-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HO KA YUEN, MARGARET
20533 BISCAYNE BLVD.
AVENTURE, FL 33180**

TITLE
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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 Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Florida #