

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2008 08
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 US**

Mailing Address

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



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0525719

Applied For
Not Applicable

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

05/13/08-80105-001 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HO KA YUEN, MARGARET 20533 BISCAYNE BLVD, SUITE 477 AVENTURE, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UN HEONG, IENG 20533 BISCAYNE BLVD, SUITE 477 AVENTURE, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEI IOK, KAN 20533 BISCAYNE BLVD, SUITE 477 AVENTURE, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUJEVOLK, MAURICE 20533 BISCAYNE BLVD, SUITE 477 AVENTURE, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UN HEONG, KEI 20533 BISCAYNE BLVD, SUITE 477 AVENTURE, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UN LEI, CHUN 20533 BISCAYNE BLVD, SUITE 477 AVENTURE, FL 33180

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 2008

Date

Daytime Phone #