## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

ANNUAL REPORT								, Secretary of State				
DOCU  1. Entity Nam SUN BD	ne	# P02000117	7701						05-03-200-	-		
Principal Plac	e of Busines	3	Mailing Address									
7782 NW 46	STH ST#20	8111 N.W. 33 STREET					CCONONAN					
MIAMI, FL 33166			MIAMI, FL 33122				94080833					
								1 (69)(89) (	)		11 EMMES MM1M1 11'	1188:
2. Principal Place of Business			3. Mailing Address 7782 Nw Y67H St #20			20						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04282004	Chg-P	CR2E0	34 (10/03)	,.	
City & State			City & State Highi, F-L			okido	_	4. FEI Numb 04-372	Applied For Not Applicable			
Zip	Zip Country		33/66 C			Country		5. Certificate	of Status Desired		\$8.75 Add ee Require	
	6. Name	and Address of Current	Registered A	lgent		Name		7. Name and	d Address of New F	egistered A	.gent	
SARRAFF, CARLOS												
7782 NW 4								P.O. Box Numb	er is Not Acceptable	9)		
MIAMI, FL												
											,	
			•	· City						FL.	Zip Cod	e
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							<u>.                                    </u>					1
Signature, typed or printed game of registered agent and title if applicable. (NOTE: Registered Agent signature re-								when reinstating)	,	DATE		1
FIL After Ma	E NOW!!! ay 1, 2004	9. Election Campaign Finan Trust Fund Contribution.					00 May Be ed to Fees				- [	
10.		DIRECTORS 11.					ADDITIONS	 /CHANGES TO OFF	ICEDS AND	DIDECTOR	· :	
TITLE	PTD	OF TOURS AND	DIFFEOTORIS	☐ Delete	TITLE			ADDITIONS	CHANGES TO OFF	ICENS AND	☐ Change	Addition
NAME	SARRAFF	, CARLOS			NAM						onango	34,
STREET ADDRESS	1	46TH ST #20			STRE	ET ADDRESS						- 1
CITY-ST-ZIP	MIAMI, FL	33166	~		CITY	-ST-ZiP						. Sal
TITLE	SVD			☐ Delete	TITLE						Change	Addition.
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CITY: ST-ZIP	MIAMI, FL	· (				ET ADDRESS -ST-ZIP						<del></del>
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NAME STREET ADDRESS					NAM	i						± a
STREET ADDRESS					STRE	ET ADDRESS						2

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 life impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUB

4/27/04 Date (305) 599 31.00 Destine Phone #