

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

DOCUMENT # P02000121704

1. Entity Name SOUTHERN SUN, INC.

FILED

03 OCT -6 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 782 N.W. LeJeune Road Suite, Apt. #, etc. Suite # 428 City & State Miami Florida Zip 33126 Country Dade		3. Mailing Address 782 N.W. LeJeune Road Suite, Apt. #, etc. Suite # 428 City & State Miami, Florida Zip 33126 Country Dade		4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Magali L. Puig
Street Address (P.O. Box Number is Not Acceptable) 782 N.W. LeJeune Road	
Suite # 428	
City	Miami, FL Zip Code 33126

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.

SIGNATURE *Magali Puig* DATE 7/16/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	---

11. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	Girardi Teresita Rita	NAME	
STREET ADDRESS	Solano Garcia 2539	STREET ADDRESS	
CITY-ST-ZIP	11300 Montevideo, Uruguay.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Girardi* 07/16/03 2/10/6

July 16, 2003

Department of State

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Southern Sun, Inc.  
P02000121704  
782 N.W. LeJeune Rd  
Suite # 428  
Miami, Florida 33126

Gentleman:

Enclosed please find Uniform Business Report, and a check in the amount of \$150.00, I never received the form to file it.

Please abate any penalties since we never received the form.

Thanking You for your cooperation

**Southern Sun, Inc.**



*Girardi Teresita Rita*  
782 N.W. LeJeune Road  
Suite # 428  
Miami, Florida 33126