

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086623

FILED
Jul 08, 2004
Secretary of State

Entity Name: SUN WI-FI, INC.

Current Principal Place of Business:

806 PONCE DE LEON BLVD.
BELLEAIR, FL 33756

New Principal Place of Business:

40419 US HWY 19 NORTH
TARPON SPRINGS, FL 34689

Current Mailing Address:

806 PONCE DE LEON BLVD.
BELLEAIR, FL 33756

New Mailing Address:

40419 US HWY 19 NORTH
TARPON SPRINGS, FL 34689

FEI Number: 56-2390060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATHEL, WAYNE R
806 PONCE DE LEON BLVD.
BELLEAIR, FL 33756

Name and Address of New Registered Agent:

DUFALA, CHRISTOPHER J
40419 US HWY 19 NORTH
TARPON SPRINGS, FL 34689

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: CHRISTOPHER J. DUFALA

07/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: CATHEL, WAYNE R
Address: 806 PONCE DE LEON BLVD.
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: DUFALA, CHRISTOPHER J
Address: 3439 NORTHRIDGE DRIVE
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. DUFALA

D

07/08/2004

Electronic Signature of Signing Officer or Director

Date