

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 11 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000055475 1. Entity Name SUN-EXPORT CORPORATION SERVICES, INC.																															
Principal Place of Business 2450 W 56 STREET, APT. #6 HIALEAH, FL 33016		Mailing Address 2450 W 56 STREET, APT. #6 HIALEAH, FL 33016																													
2. Principal Place of Business 1025 W 76TH ST Suite, Apt. #, etc. APT 114-B City & State Hialeah, F.L. Zip 33014 Country USA		3. Mailing Address 1025 W 76TH ST Suite, Apt. #, etc. APT 114-B City & State Hialeah, F.L. Zip 33014 Country USA																													
4. FEI Number 65-1228685		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent NARCIANDI, ZUNNY A 2540 W 56 STREET, APT. #6 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Zunny Avila Narciani Street Address (P.O. Box Number is Not Acceptable) 1025 W 76TH ST Apt 114-B City Hialeah FL Zip Code 33014																													
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><i>[Signature]</i></u> DATE <u>5/10/05</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>																															
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> DP NARCIANDI, ZUNNY A 2450 W 56 STREET, APT. #6 HIALEAH, FL 33016 </td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input checked="" type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete </td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NARCIANDI, ZUNNY A 2450 W 56 STREET, APT. #6 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> DP Zunny Avila Narciani 1025 W 76TH ST #114-B Hialeah F.L 33014 </td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td style="padding: 2px;"> 000054685090 05/17/05--01062--013 **150.00 </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Zunny Avila Narciani 1025 W 76TH ST #114-B Hialeah F.L 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		000054685090 05/17/05--01062--013 **150.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/10/05</u> Daytime Phone # <u>786 487 8217</u> 305 512 3340																													