2008 FOR PROFIT CORPORATION

May 01, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P07000127902** 05-01-2008 90230 021 ***150.00 SUNCOM HOLDINGS INC. Principal Place of Business Mailing Address 40020102 1410 NE 26TH AVE 1410 NE 26TH AVE FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04242008 Chg-P Applied For City & State City & State 4. FEI Number .- 150 ab 78 Not Applicable \$8.75 Additional Zip Country Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAIZ, STEVEN H Street Address (P.O. Box Number is Not Acceptable) 1410 NE 26TH AVE FORT LAUDERDALE, FL 33304 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Detete ☐ Change Addition THLE TITLE SAIZ, STEVEN H NAME STREET ADDRESS 1410 NE 26TH AVE STREET ADDRESS FORT LAUDERDALE, FL 33304 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition CHURILLA, JANELLE M NAME NAME STREET ADDRESS 1410 NE 26TH AVE STREET ADDRESS FORT LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIF TITLE Delete THLE Addition NAME NAME STREET ADDRESS STREET ADDRESS C17-S1-71P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 a structure with an address, with all-Other tike empowered. changed, or on an attachme

SIGNATURE: 4

4.28.08

FILED