


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90015 050 ***150.00

DOCUMENT # P93000051053		
1. Entity Name SUN WELL, INC.		

Principal Place of Business 1251 NW 127TH DR SUNRISE, FL 33323	Mailing Address 1251 NW 127TH DR SUNRISE, FL 33323
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2. Principal Place of Business 5530 W. OAKLAND PARK BLVD	3. Mailing Address 5530 W. OAKLAND PARK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAUDERHILL, FL	City & State LAUDERHILL, FL
Zip 33313	Zip 33313
Country	Country



03022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0424621	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KWOK, KENNY C 1251 NW 127TH DR SUNRISE, FL 33323		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code FL	

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWOK, KENNEY C 1251 NW 127TH DR SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Di Jee (Cash)* **3/10/04** **954-731-8620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #