2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2006 08:00 AM DOCUMENT # P95000013493 Secretary of State 1. Entity Name CAFE SUN FUNG CORPORATION Principal Place of Business Mailing Address 14265 NW 7TH AVENUE 14265 NW 7TH AVENUE MIAMI FL 33168 MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 65-0558363 Not Applicat Zip Ζp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AWANG, MARVAZ Street Address (P.O. Box Number is Not Acceptable) 14265 NW 7TH AVENUE MIAMI FL 33168 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida, I am familiar with, and access the obligations of registered agent SIGNATURE Signature, typed ox printed name of registered agent and title if applicable (NOTE Registered Agent signature required when revisioning) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3*1*777 ☐ Delete THE ☐ Change Add" NAME KWANG, PARVAZ NAME STREET ADDRESS 14265 NW 7TH AVE STREET ADDRESS U00000143426 CITY-ST-219 MIAMI FL CITY-ST-ZIP **03/08/06-80000-001 15**5.00 TITLE ☐ Celete MLE ☐ Change □ Aarr NAME MAME STREE! ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 31115 Detete MILE ☐ Change Ada. NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-79 CITY-ST-ZIP TETLE Oefete ☐ Aric ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS City-St-zip Catry-St-ZIP TITLE ☐ Delete THILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATE Desete Desete ☐ Change ETAG: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes, and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Rang Juvans PRIVAZ KWANG 2.20-06 (305) 681.08