2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: HOWARD B. KOSTOW

FILED Mar 25, 2008 08:00 AN Secretary of State DOCUMENT # P95000084689 1. Entity Name SUN CAPITAL, INC. Principal Place of Business Marling Arldress 999 YAMATO ROAD 999 YAMATO ROAD THIRD FLOOR BOCA RATON FL 33431 THIRD FLOOR **BOCA RATON FL 33431** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0665095 Not Applicable Ζφ Country Ζp 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 KOSLOW, HOWARD Street Address (P.O. Box Number is Not Acceptable) 999 YAMATO THIRD FLOOR **BOCA RATON FL 33431** 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 Synatory, types or crimed named a registered apportunit the full please. SCOTE Regist-red Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition NAME KOSLOW, HOWARD B. NAME U00000869331 04/09/08-80043-022 150.00 STREET ADDRESS 999 YAMATO ROAD, THIRD FLOOR STREET ADORESS CITY-ST-ZI? **BOCA RATON FL 33431** CITY-ST-ZIP TITLE CEOD ☐ Derete TITLE ☐ Change ☐ Addition NAME BARONOFF, PETER HAME STREET ADDRESS 999 YAMATO ROAD, THIRD FLOOR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CHY-ST-ZIP DILE Delete ITTLE ☐ Change ☐ Addition DODEK, ROBERT NAME STREET ADDRESS 999 YAMATO ROAD, THIRD FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE Deiete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP OffY-ST-ZIP TITLE Deiete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Deiete TITLE Addition Change Change 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 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 it made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as equired by Chapter 57. Forida 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