2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # P96000039965 SUN-SUN INTERNATIONAL, INC. Principal Place of Business Mailing Address 8565 NW 29 ST 8565 NW 29 ST MIAMI, FL 33122 MIAMI, FL 33122 IJS 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0677900 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAI, KAI JIAN DO NOT WRITE 8565 NW 29 ST MIAMI, FL 33122 IN THIS SPACE 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. P TITLE CAI, KAIJIAN NAME U00000017454 STREET ADDRESS 8565 NW 29 ST 01/28/04-80096-015 150.00 CITY-ST-ZIP MIAMI, FL 33122 ۷P TITLE MUXING, SHEN NAME 8565 SW 29 ST STREET ADDRESS CITY-ST-Zir MIAMI, FL 33122 TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED