

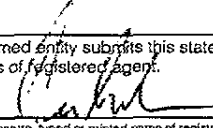
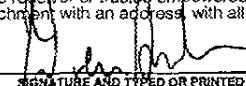


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000044343 1. Entity Name SUN PLAZA, INC.							
Principal Place of Business 525 S.W. SOUTH MACEDO PORT SAINT LUCIE, FL 34986							
Mailing Address 525 S.W. SOUTH MACEDO PORT SAINT LUCIE, FL 34986		 01132004 No Chg-P CR2E034 (10/03) <table border="1" style="width:100%"><tr><td>4. FEI Number 65-0838682</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0838682	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
DO NOT WRITE IN THIS SPACE							
		DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent SCALERA, DEAN 525 S.W. SOUTH MACEDO PORT ST. LUCIE, FL 34986		DO NOT WRITE 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  DATE <u>1-29-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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					
		U00000031499 02/04/04-80149-022 150.00					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE					
P SCALERA, DEAN 525 S.W. SOUTH MACEDO PORT ST. LUCIE, FL 34986							
S SCALERA, SAM 525 S.W. SOUTH MACEDO PORT ST. LUCIE, FL 34986							
VP SCALERA, THOMAS 525 S.W. SOUTH MACEDO PORT ST. LUCIE, FL 34986							
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.							
SIGNATURE: 		Date <u>1-27-04</u> Daytime Phone # _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							