2004 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT **DOCUMENT # P98000069842** 03-18-2004 90001 039 ***150.00 SUN INTERNATIONAL PRODUCE COMPANY 54018912 -Principal Place of Business Mailing Address 2040 NW 96TH AVENUE 75 NW 13TH AVENE POMPANO BEACH, FL 33065 MIAMI, FL 33172 CR2E034 (10/03) 02232004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0855556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LESLIE, GREGG DO NOT WRITE 75 NW 13TH AVENUE POMPANO BEACH, FL 33065 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 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PΠ LESLIE, GREGG NAME STREET ADDRESS **75 NW 13TH AVE** CITY-ST-ZIP POMPANO BEACH, FL VPTD TITLE BETHAL, ORLAND NAME STREET ADDRESS 3RD ST &CROOKED RUN RD CITY-ST-ZIP NO VERSAILLES, PA TITLE BETHEL, GARY NAME 8 THOMAS JEFFERSON DR STREET ADDRESS DO NOT WRITE IRWIN, PA CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER



FILED Mar 18, 2004 8:00 am