## FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90071 033 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address   Mailing Ad		MENT # P980000712	262				
OBJ SEPMOLR WAY  MAPA, R. JASGE-S-411  TAMPA, R. JASGE-S-41  TAMPA,	1. Entity Nam SUNFIRS						
OBJ SEPMOLR WAY  MAPA, R. JASGE-S-411  TAMPA, R. JASGE-S-41  TAMPA,	Principal Place	e of Business	Mailing Address				
Principal Place of Business 4(01 13 ** UN NE	•						
Subs. April + etc. Suite.							
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Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Chy & State   State   Chy & State			3. Mailing Address				
City & State St. Pt. S				NE NE		am abhi isadi nasa Mais sida kesabi di 1951	
St. Pt. St. St. St. St. St. St. St. St. St. S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04132004 Chg-P	CR2E034 (10/03)	
20   S. Name and Address of Current Registered Agent   T. Name and Address of Name Registered Agent   T. Name and Address of Name Registered Agent   T. Name and Address of New Registered Agent   T. Name and Address of Name and Name and Name   T. Name and Address of Name and Name and Name   T. Name and Address of Name and Name   T. Name and Address of Name and Name   T. Name and Address of Name and Name   T. Name and Name		e <sub>1</sub>	City & State	. "		Applied For	
Some and Address of Current Registered Agent  1. Name and Address of New Registered Agent  Name		<del></del>			59-3528481	Not Applicable	
MERILAWER  AND ALMERIA AVENUE  City  FL  Zip Code  FL  All City  FL  Zip Code  City  City  FL  Zip Code  C	33703		33703	USA	5. Certificate of Status Desired		
MERILAWYER  JORAL GABLES, FL 33134  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  City  City  City  City  City  FL  Zip Code  City  Ci		6. Name and Address of Current R			7. Name and Address of New	Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)    City	AMEDII AV	ANED		Name			
City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  ICNATURE  Signature, byted or private rame or registered agent and that it seconable.  (ICNATURE  Signature, byted or private rame or registered agent and that it seconable.  (ICNATURE  Signature, byted or private rame or registered agent and that it seconable.  (ICNATURE  Signature, byted or private rame or registered agent and that it seconable.  (ICNATURE  Signature, byted or private rame or registered agent.  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Foo will be \$550.00  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Foo will be \$550.00  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Foo will be \$550.00  FILE NOWILL FEE IS \$150.00  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Foo will be \$550.00  FILE NOWILL FEE IS \$150.00  FIL	343 ALMERIA AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  IGNATURE    Symitume, typed or provide runners of registered agent and title # expricable.   PIOTE Registered Agent Ingritute Agent Ingr	CORAL GA	ABLES, FL 33134		<del></del>	<del></del>		
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the obligations of registered agent.  IGNATURE  Signature, these or primed rums or registered agent and titla 1 approach.  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  D. OFFICERS AND DIRECTORS  Trust Fund Contribution.   Addition			<del> </del>			FL	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  IT USE PTD  CRAWFORD, LANCE B  WE CRAWFORD, SANDRA N  THE JORGES  TOO SEYMOUR WAY  TY-ST-ZP  TAMPA, FL 33626  CRAWFORD, SANDRA N  THE JORGES  TOO Debte  THE  NAME  TAMPA, FL 33626  THE  Debte  THE  Debte  THE  NAME  TAMPA, FL 33626  THE  Debte  THE  Debte  THE  NAME  TOWN ST-ZP  TAMPA, FL 33626  THE  Debte  THE  NAME  TOWN ST-ZP  TAMPA, FL 33626  THE  Debte  THE  NAME  TOWN ST-ZP  TAMPA, FL 33626  THE  Debte  THE  Debte  THE  NAME  TOWN ST-ZP  TAMPA, FL 33626  THE  Debte  THE  Debte  THE  NAME  STRET ADDRESS  CITY-ST-ZP  THE  CRAWFORD  Addition  THE  CRAWFORD  ADDRESS  CITY-ST-ZP  THE  CRAWFORD			the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of F	lorida. I am familiar with, and accept	
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