


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

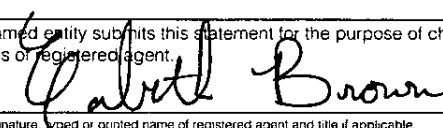
FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90336 028 ***150.00

DOCUMENT # P99000021293			
1. Entity Name SUN CROWN, INC.			
Principal Place of Business 912 S.E. 11TH COURT FT. LAUDERDALE FL 33316		Mailing Address P.O. BOX 21484 FT. LAUDERDALE FL 33335	
2. Principal Place of Business		3. Mailing Address 912 SE 11th CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft Lauderdale FL	
Zip	Country	Zip	Country
33316		33316	USA



MOORE CR2E034 (11/03)

4. FEI Number 65-0905288		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, ELIZABETH 912 S.E. 11TH COURT FT. LAUDERDALE FL 33316		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		President 4/16/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ELIZABETH 912 S.E. 11TH COURT FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:  **4/16/04** **954** **463 7611**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #