2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2008 8:00 am Secretary of State DOCUMENT # P99000047959 1. Entity Name 03-27-2008 90025 043 ***150.00 SUN AND YEN CORPORATION Principal Place of Business Mailing Address 13702 W. STATE ROAD 84 DAVIE FL 33325 13702 W. STATE ROAD 84 DAVIE FL 33325 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CB2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0925751 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARK, SUN HYOUNG Street Address (P.O. Box Number is Not Acceptable) 13702 W. STATE ROAD 84 DAVIE FL 33325 Zip Code FL 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 Separative, typod or primed harvit of registered agent and tire. I applicable. (NOTE Registered Aperd singulars required when reinstation) DATE + FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE Change ☐ Addition PARK, SUN HYOUNG NAME NAME 19167 N. HIBISCUS STREET STREET ADDRESS 5033 SWEETWATER TERRACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33330 CITY-ST-ZIP WESTON, FL 33332 TIT: E Change ☐ Delete TITLE Addition NAME TAT, YEN KIM HAME 19167 N. HIBISCUS STREET STREET ADDRESS 5033 SWEETWATER TERRACE STREET ADDRESS FORT LAUDERDALE FL 33330 CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33332 TRILE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

OffY-SY-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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954-821-180

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