## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 23, 2007 08:00 AM DOCUMENT # V71301 **Secretary of State** 1. Entity Namo SUNAR HOLDING, INC. Principal Place of Business 132 ISLE OF VENICE FORT LAUDERDALE FL 33301 132 ISLE OF VENICE FORT LAUDERDALE FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 65-0354842 Not Applicable Zip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BRAUN, SABINE** Street Address (P.O. Box Number is Not Acceptable) 132 ISLE OF VENICE FORT LAUDERDALE FL 33301 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mie. TITLE Change ☐ Addition Delete ARNOLD, JOHANN NAME NAME 132 ISLE OF VENICE U00000676884 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 03/30/07-80081-006 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition SABINE, BRAUN NAME NAME 132 ISLE OF VENICE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME ROLF, BRAUN NAME. 132 ISLE OF VENICE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 00001 CHY-CT ZIN C(174- 31- Z)7 THLE ☐ Delete ШП Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete THE Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP

12. I hereby cortify 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 eath; 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 withyan address, with all other like empowered.

SIGNATURE:

FILED