


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N38106	
1. Entity Name SUNRISE CHRISTIAN LIFE MISSION, INC.	

Principal Place of Business 5800 JOHNSON ST HOLLYWOOD FL 33021 US	Mailing Address 910 NW 185 TERRACE HOLLYWOOD FL 33029 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0185546	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 SALA, RUBEN ALBERTO 910 NW 185 TERRACE HOLLYWOOD FL 33029

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME SALA, ALBERTO	
STREET ADDRESS 910 NW 185 TERRACE	
CITY-ST-ZIP HOLLYWOOD FL 33029	
TITLE V	<input type="checkbox"/> Delete
NAME VILES, HAROLD JR	
STREET ADDRESS 16501 SW 1ST	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE T	<input type="checkbox"/> Delete
NAME SARDINAS, JULIAN	
STREET ADDRESS 1243 FAIR LAKE TRACE, APT 1208	
CITY-ST-ZIP WESTON FL 33366	
TITLE SD	<input type="checkbox"/> Delete
NAME SALA, NEREIDA	
STREET ADDRESS 910 NW 185 TERRACE	
CITY-ST-ZIP HOLLYWOOD FL 33029	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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:  **Ruben A. SALA**
President **3/2/05** **(954) 436-6256**