2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90027 009 ***150.00

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1. Entity Name

L & D INVESTORS SUNRISE, INC.

Principal Place of Business	Mailing Address
9742 SW 56TH TERRACE MIAMI FL 33173 US	9742 SW 56TH TERRACE MIAMI FL 33173 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
331 E 6th St #	
Suite, Apt. #, etc.: 124	Suite, Apt. #, etc.
City & State: Hialeah Fl.	City & State
Zip: 33010 Country: DADE	Zip Country

4. FEI Number 21-0126882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACHIN, LEON F 9742 SW 56TH TERRACE MIAMI FL 33173	Name: N/A. 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: Leon F. Machin
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when name changed) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACHIN, LEON F 9742 SW 56TH TERRACE MIAMI FL 33173	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Leon F. Machin (LEON F. MACHIN) 01/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #