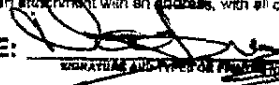


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P04000065517														
1. Entity Name SUNRISE PEST CONTROL CORP.														
Principal Place of Business 11332 SW 70 TERRACE MIAMI, FL 33173		Mailing Address 11332 SW 70 TERRACE MIAMI, FL 33173												
DO NOT WRITE IN THIS SPACE														
2. Name and Address of Current Registered Agent DIAZ, NOEL 11332 SW 70 TERRACE MIAMI, FL 33173		DO NOT WRITE IN THIS SPACE												
3. 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 _____ (Signature, typed or printed name of registered agent and filer if applicable)														
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		4. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee												
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>P DIAZ, NOEL 11332 SW 70 TERRACE MIAMI, FL 33173</td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, NOEL 11332 SW 70 TERRACE MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000544339 05/11/06-80032-015 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, NOEL 11332 SW 70 TERRACE MIAMI, FL 33173													
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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 its 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 filers empowered. SIGNATURE:  Noel Diaz 4/27/06 (205) 271-0074 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #														

04292006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1030084	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	