FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90028 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000047181

1. Entity Name
SUNRISE HOLDING USA, INC.

Principal Place of Business	Mailing Address
150 SE 2ND AVE SUITE 1010 MIAMI, FL 33131	150 SE 2ND AVE SUITE 1010 MIAMI, FL 33131

40042100

03212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9 Island Avenue		2 S. Biscayne Blvd.	
Suite, Apt. #, etc.: #2408		Suite, Apt. #, etc.: Suite 3400	
City & State: Miami Beach, Florida		City & State: Miami, Florida	
Zip: 33139	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 87-0722724 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLOGNA, STEFANIA
150 SE 2ND AVE SUITE 1010
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Valdes-Fauli Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Blvd., Suite 3400
City: Miami FL Zip Code: 33131

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: [signature] Arthur J. Furia, Vice President 3/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 PARINI, FABIO VIA PERI 17 LUGANO SVIZZERA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Parini, Fabio Via Peri 17 Lugano Svizzera	☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] Fabio Parini 3/22/05 091-923-39-54
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Avv. FABIO PARINI