2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047181

Entity Name: SUNRISE HOLDING USA, INC.

FILED Jul 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2 S. BISCAYNE BLVD. 9 ISLAND AVENUE #2408 **SUITE 3400** MIAMI BEACH, FL 33139 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

2 S. BISCAYNE BLVD 9 ISLAND AVENUE #2408 SUITE 3400 MIAMI BEACH, FL 33139 MIAMI, FL 33131

FEI Number: 87-0722724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC PARINI, FABIO 2 S. BISCAYNE BLVD SUITÉ 3400 9 ISLAND AVENUE #2408 MIAMI, FL 33131 US MIAMI BEACH, FL 33139 US

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.

SIGNATURE: FABIO PARINI 07/11/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PARINI, FABIO PARINI, FABIO

Name: Name: VIA PERI 17 Address: 9 ISLAND AVENUE #2408 Address: City-St-Zip: LUGANO SVIZZERA, City-St-Zip: MIAMI BEACH, FL 33139

Title: PS Title: PS (X) Change () Addition () Delete

Name: PARINI, FABIO Name: PARINI, FABIO

VIA PERI 17 Address: 9 ISLAND AVENUE #2408 Address: LUGANO SVIZZERA, MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIO PARINI PD 07/11/2007