

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # 334768

1. Entity Name

SUNRISE NATURAL FOODS, INC.



Principal Place of Business

233 ROYAL POINCIANA WAY
PALM BEACH, FL 33480

Mailing Address

233 ROYAL POINCIANA WAY
PALM BEACH, FL 33480



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1280928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES INC
ONE N. CLEMATIS STREET
STE 400
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000465104
13/22/06-80062-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	POT
NAME	WELFELD, ANN A
STREET ADDRESS	341 BRAZILIAN AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	WELFELD, MARVIN J JR.
STREET ADDRESS	341 BRAZILIAN AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann A. Welfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2006 (561) 655-350;
Date Daytime Phone #