

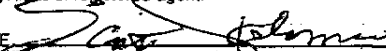
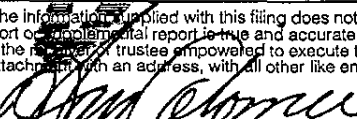


FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 476115 1. Entity Name SUNRISE JANITORIAL MAINTENANCE CO., INC.		Secretary of State 																																									
Principal Place of Business 6115 N.W. 77TH WAY P.O. BOX 25158 TAMARAC, FL 33320		Mailing Address 6115 N.W. 77TH WAY P.O. BOX 25158 TAMARAC, FL 33320																																									
DO NOT WRITE IN THIS SPACE		 01142004 00000000 000000000000 4. FEI Number 59-1625158 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 00000000 0000000000																																									
6. Name and Address of Current Registered Agent TOLOMEO, SCOTT 6115 N.W. 77TH WAY TAMARAC, FL 33320		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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____ Signature, typed or printed name of registered agent and title if applicable.																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000 0000000000 <div style="text-align: right;">000000112079 04/14/04-80008-013 150.00</div>																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td>D</td></tr><tr><td>NAME</td><td>SCOTT, TOLOMEO</td></tr><tr><td>STREET ADDRESS</td><td>6115 NW 77 WAY</td></tr><tr><td>CITY-ST-ZIP</td><td>TAMARAC, FL 33320</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	SCOTT, TOLOMEO	STREET ADDRESS	6115 NW 77 WAY	CITY-ST-ZIP	TAMARAC, FL 33320	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		DO NOT WRITE IN THIS SPACE	
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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 member 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:  1/22/04 954/520-6953 Signature and typed or printed name of signing officer or director Daytime Phone #																																											