


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 486441**  
 1. Entity Name  
 1930 SUNRISE INTEREST INC.



Principal Place of Business      Mailing Address  
 3401 S OCEAN BLVD      525 B BROADWAY MALL  
 APT 6      HICKSVILLE, NY 11801  
 HIGHLAND BEACH, FL 33487 US



**DO NOT WRITE IN THIS SPACE**

01032005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1645444</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 TRIPLE F PROPERTIES, INC  
 3401 S. OCEAN BLVD.  
 APT. 6  
 HIGHLAND BEACH, FL 33487

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, KENNETH 525 B BROADWAY MALL HICKSVILLE, NY 11801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRANK, FRANKLIN L 3401 S. OCEAN BLVD. APT. 6 HIGHLAND BEACH, FL 33487
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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 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:**       **2/23/05**      **516-935-8200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #