


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90061 040 ***150.00

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



Principal Place of Business
 3401 S OCEAN BLVD
 APT 6
 HIGHLAND BEACH, FL 33487 US

Mailing Address
 550 OLD COUNTRY ROAD
 SUITE 108
 HICKSVILLE, NY 11801

2. Principal Place of Business - No P.O. Box #
 1063 Hillsboro Mile
 Suite, Apt. #, etc.
 Unit # 805

3. Mailing Address
 550 W. Old Country Rd
 Suite, Apt. #, etc.
 Suite # 108

City & State
 Hillsboro Beach FL

City & State
 Hicksville NY

Zip
 33062

Country

Zip
 11801

Country



01042008 Chg-P CR2E034 (12/06)

4. FEI Number
 59-1645444

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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, 2008 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	P FRANK, KENNETH 550 OLD COUNTRY ROAD HICKSVILLE, NY 11801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 W OLD COUNTRY Rd Suite #108 Hicksville NY 11801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRANK, FRANKLIN L 3401 S. OCEAN BLVD. APT. 6 HIGHLAND BEACH, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1063 Hillsboro Mile Unit #805 Hillsboro Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4-4-08 516-935-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Kenneth H Frank