

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90017 040 ***158.75

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1. Entity Name

SUNRISE TRADING CORP.



Principal Place of Business

8 HOPE STREET
JERSEY CITY NJ 07307-1306

Mailing Address

8 HOPE STREET
JERSEY CITY NJ 07307-1306

2. Principal Place of Business

705 Fentress Blvd.

3. Mailing Address

8 Hope Street

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

City & State

Jersey City, NJ

Zip

32114

Country

Volusia

Zip

07307

Country

Hudson

4. FEI Number

22-1739432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~REDACTED~~ CAMPBELL, STEPHEN
705 FENTRESS BLVD., UNIT B
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Stephen Campbell

Street Address (P.O. Box Number is Not Acceptable)

705 Fentress Blvd. #2

City

Daytona Beach

FL

Zip Code

32114

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

Stephen Campbell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME YAZEJIAN, JACOB E
STREET ADDRESS 8 HOPE STREET
CITY-ST-ZIP JERSEY CITY NJ 07307-1306

TITLE SEC ☐ Delete
NAME YAZEJIAN, CARMEN E
STREET ADDRESS 8 HOPE STREET
CITY-ST-ZIP JERSEY CITY NJ 07307-1306

TITLE VP ☐ Delete
NAME LEDBETTER, KARL VP
STREET ADDRESS 8 HOPE STREET
CITY-ST-ZIP JERSEY CITY NJ 07307

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

Date

(201) 725-8210

Daytime Phone #