

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90064 038 \*\*\*150.00

**DOCUMENT # G21105**

1. Entity Name  
**SUNRISE MEATS, INC.**



Principal Place of Business  
**1601 W SUNRISE BLVD  
FORT LAUDERDALE, FL 33311**

Mailing Address  
**1601 W SUNRISE BLVD  
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2254915** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEONEL ALFONSO  
1601 W. SUNRISE BLVD.  
FORT LAUDERDALE, FL 33311**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	EVELIO, ALFONSO
STREET ADDRESS	1601 W. SUNRISE BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33331
TITLE	PD
NAME	LEONEL ALFONSO
STREET ADDRESS	1601 W. SUNRISE BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	SD
NAME	ARBAS, LIZETTE
STREET ADDRESS	1601 W. SUNRISE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	VD
NAME	GALLEGO, HILDA M
STREET ADDRESS	1601 W. SUNRISE BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**SIGNATURE:**

*Leonel Alfonso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/07 (954) 522-0833  
Date Daytime Phone #

Leonel Alfonso