



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05734 1. Entity Name SUNRISE HAMLET, INC.	
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Principal Place of Business C/O STEVEN J. KRAVITZ 4561 NW 10 COURT SUITE H-110 FORT LAUDERDALE, FL 33313	Mailing Address C/O STEVEN J. KRAVITZ 4561 NW 10 COURT SUITE H-110 FORT LAUDERDALE, FL 33313
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0134037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAVITZ, STEVEN J.
4561 NW 10 COURT SUITE H-110
FORT LAUDERDALE, FL 33313**

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000711267 04/25/07-80076-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAVITZ, STEVEN J. 4561 N.W. 10TH COURT H-110 PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELBRAND, ELLEN 4561 N.W. 10TH COURT PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Steven J. Kravitz* **President** 4/13/07 954-739-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #