2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State
04-26-2004 90549 025 ***150.00

DOCUMENT # L50184

1. Entity Name
SUNRISE CARBURETOR AND FUEL INJECTORS, INC.

66420913

Principal Place of Business	Mailing Address
10655 N.W. 53 ST. SUNRISE, FL 33351 US	% STANLEY REIGER 6546 BAYMILL TERRACE BOYNTON BEACH, FL 33437 US

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0172568
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIEGER, STANLEY L.
6546 BAYHILL TERR
BOYNTON BEACH, FL 33437

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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: Stanley Rieger 5/7/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIEGER, STANLEY L.
STREET ADDRESS	6546 BAYMILL TERRACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
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CITY-ST-ZIP	

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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: Stanley Rieger 5/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #