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PROFIT CORPORATION ANNUAL REPORT

2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P00000003236

1. Corporation Name

SUNRISE CUTTING SERVICE CORP.

Principal Place of Business	Mailing Address
870 West 19th Street Hialeah, Florida 33010	850 W 19th Street Hialeah, Florida 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01-11-2000

2. Principal Place of Business	2a. Mailing Address
24 850 West 19th Street	26 850 West 19th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hialeah, Florida	28 City & State: Hialeah, Florida
24 Zip: 33010 25 Country: Dade	29 Zip: 33010 30 Country: Dade

4. FEI Number: 65-0972908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

David Hernandez
870 W 19th Street
Hialeah, Florida 33010

10. Name and Address of New Registered Agent

81 Name: Abelardo I Hernandez

82 Street Address (P.O. Box Number is Not Acceptable): 3234 SW 175 Avenue

83

84 City: Miramar FL 85 Zip Code: 33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Abelardo Hernandez 6-26-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: No registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Dr. ☒ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME	David hernandez	1.2 NAME	Abelardo I Hernandez
STREET ADDRESS	870 W 19th Street	1.3 STREET ADDRESS	3234 SW 175 Avenue
CITY-ST-ZIP	Hialeah, Florida 33010	1.4 CITY-ST-ZIP	Miramar, Florida 33029
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/23/01 (305) 885-7635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT Date Daytime Phone #