

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-06-2005 90115 037 ***150.00

DOCUMENT # P01000023353	
1. Entity Name SUNRISE HOLDINGS GROUP, INC.	

Principal Place of Business 731 SHOTGUN ROAD SUNRISE, FL 33326	Mailing Address 731 SHOTGUN ROAD SUNRISE, FL 33326
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66012159



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1082008	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIAZ, OSVALDO J 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155	
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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SOTO, JAIME REY 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DEL REY SOTO, MARIA E 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, OSVALDO J 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  **04/18/05 95472-5956**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #