

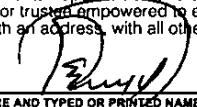


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90013 014 \*\*\*150.00

<b>DOCUMENT # P01000023353</b> 1. Entity Name <b>SUNRISE HOLDINGS GROUP, INC.</b>					
Principal Place of Business <b>731 SHOTGUN ROAD SUNRISE, FL 33326</b>				Mailing Address <b>731 SHOTGUN ROAD SUNRISE, FL 33326</b>	
2. Principal Place of Business <b>783 SHOTGUN ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>783 SHOTGUN ROAD</b> Suite, Apt. #, etc.		<b>50001113</b> 	
City & State <b>SUNRISE, FL</b>		City & State <b>SUNRISE, FL</b>		4. FEI Number <b>65-1082008</b>	
Zip <b>33326</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, OSVALDO J 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____					
<b>-FILE NOW!!!- FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SOTO, JAIME REY <input type="checkbox"/> Delete 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REY SOTO, JAIME <input type="checkbox"/> Change <input type="checkbox"/> Addition 783 SHOTGUN ROAD SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEL REY SOTO, MARIA E <input type="checkbox"/> Delete 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DE REY, MARIA EUGENIA <input type="checkbox"/> Change <input type="checkbox"/> Addition 783 SHOTGUN ROAD SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, OSVALDO J <input type="checkbox"/> Delete 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>Jaime Rey Soto</b> <b>2-22-06</b> <b>954-386-0244</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					