

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029662

Entity Name: SUN-UP ENTERPRISES INC.

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

16641 WATERS EDGE DRIVE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

16641 WATERS EDGE DRIVE  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 65-1095931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAYLOR, MICHAEL  
17334 NW 62ND CT.  
HIALEAH, FL 33015 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCGRATH, RICHARD  
Address: 16641 WATERS EDGE DRIVE  
City-St-Zip: WESTON, FL 33326

Title: TD ( ) Delete  
Name: CUSANELLI, JANET M  
Address: 15705 W WATERSIDE CR #105  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET M. CUSANELLI

TD

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date