## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P01000110889  1. Entity Name SUNRISE RECYCLING SERVICES, CORP.							90335 008 ***	158.75
Principal Plac	e of Business	Mailing Address	<del></del>		40084	010		
9737 E. HWY		9737 E. HWY. 92						
TAMPA, FL 3	33010	TAMPA, FL 33610						
2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address	<del></del>					
				d			]	[ 10  04   1  08
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01182008	Chg-P	CR2E034 (12/0	5)
City & State	9 0	City & State		······	4. FEI Number		11	Applied For
Mulber	erry Polk Tampa Fl				59-3758		<b>→</b>	Not Applicable
<sup>zip</sup> 3386	Country	32610	Country Hillsbor	rnh	5. Certificate of	of Status Desired	□ \$8.75 A	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Ro		
VAZQUEZ, EDGARD						~ <del></del>	<del></del>	
9737 E. HWY. 92				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FI	L 33610							
			City				Zip C	ode
The above named entity submits this statement for the purpose of changing its registere						i i ab - Cross of Clo		
	ions of registered agent.	the purpose of changing its n	egistered office	orregister	ed agent, or both	n, in the State of Fig	rida. Tam ramiliar wi	n, and accept
SIGNATURE.								
	Signature, typed or printed name of registered egent a	and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating)		DATE	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0		bution.		00 May Be			
10.	OFFICERS AND I	_	11.	<del>ÎP </del>	ADDITIONS/C	CHANGES TO OFFI	CERS AND DIRECTO	
TITLE NAME	VAZQUEZ, EDGARD	☐ Delete	THTLE NAME	Vaz	quez Ed	gard	<b>₩</b> Chang	e 🗌 Addition
STREET ADDRESS	9737 E. HWY. 92		STREET ADDRES	s 106	10 Tann	gard ier load		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		rpa, FL	<u> 33610</u>		
TITLE NAME	STD VAZQUEZ, EDGARD	☐ Delete	TITLE NAME	7	~.42 G-	,	Chang	e Addition
STREET ADDRESS	9737 E. HWY. 92		STREET ADDRES	5 106	guez, Ge	er Road		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		mpa, FL			
TITLE		☐ Delete	TITLE		• •		☐ Chang	e
NAME STREET ADDRESS			NAME STREET ADDRES	s				
CITY-ST-ZIP			CITY-\$1-ZIP					
IIILE		Delets	******	<del>-</del>			Chang	e 📋 Addition
NAME STREET ADDRESS			NAME STREET ADDRES	s				
CITY-ST-ZIP			CITY-ST-ZIP	•				
TITLE		☐ Oelete	TITLE				☐ Chang	e 🔲 Addition
NAME			NAME CIRCL INCOME	_				
STREET AODRESS CITY-ST-ZIP			STREET ADORES CITY+ST-ZIP	۵				
TITLE	**************************************	☐ Delete	TITLE	<u> </u>			Chang	e 🔲 Addition
NAME			NAME					
STREET ADDRESS			STREET ADORES	s				
CITY-ST-ZIP	pertify that the information supplied with	this filling does not qualify for	CITY-ST-ZIP		l in Chapter 119	Florida Statutae 1	further certify tos: th	e information