


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000009001 1. Entity Name SUNRISE REALTY & INVESTMENT, INC.	
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Principal Place of Business 2500 N. UNIVERSITY DRIVE SUITE 15 SUNRISE, FL 33322 US	Mailing Address 2500 N. UNIVERSITY DRIVE SUITE 15 SUNRISE, FL 33322 US
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DO NOT WRITE IN THIS SPACE



03062003 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0378246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**MITHAVAYANI, HUSSAIN A
2500 N. UNIVERSITY DRIVE
SUITE 15
SUNRISE, FL 33322**

**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 \$550.00
Due by September 8, 2004**

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

**000000160571
05/17/04-80004-020 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITHAVAYANI, HUSSAIN A 2500 N. UNIVERSITY DRIVE, SUITE 15 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITHAVAYANI, SUAD H 2500 N. UNIVERSITY DRIVE, SUITE 15 SUNRISE, FL 33322
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 fees empowered.

SIGNATURE: HUSSAIN MITHAVAYANI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #