

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000054709

FILED
Jan 09, 2007
Secretary of State**Entity Name:** HEALTHY SUNRISE, INC.**Current Principal Place of Business:**1840 WEST 49TH STREET
SUITE 309
HIALEAH, FL 33012**New Principal Place of Business:**1840 WEST 49TH STREET
SUITE 700
HIALEAH, FL 33012**Current Mailing Address:**1840 WEST 49TH STREET
SUITE 309
HIALEAH, FL 33012**New Mailing Address:**1840 WEST 49TH STREET
SUITE 700
HIALEAH, FL 33012**FEI Number:** 01-0729933**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FIALLO, HILDA M
1840 WEST 49TH STREET
SUITE 309
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**FIALLO, HILDA M
1840 WEST 49TH STREET
SUITE 700
HIALEAH, FL 33012 US

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

01/09/2007

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: NARANJO, MARIA ELENA
Address: 1840 WEST 49 ST SUITE 309
City-St-Zip: HIALEAH, FL 33012**Title:** VPD () Delete
Name: FIALLO, HILDA
Address: 1840 WEST 49 ST SUITE 309
City-St-Zip: HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: NARANJO, MARIA ELENA
Address: 1840 WEST 49 ST SUITE 700
City-St-Zip: HIALEAH, FL 33012**Title:** VPD (X) Change () Addition
Name: FIALLO, HILDA
Address: 1840 WEST 49 ST SUITE 700
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA ELENA NARANJO

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date