## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000054709

Entity Name: HEALTHY SUNRISE, INC.

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1840 WEST 49TH STREET SUITE 700 HIALEAH, FL 33012

Current Mailing Address: 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: Name and Address of New Registered Agent:

FIALLO, HILDA M

1840 WEST 49TH STREET

SUITE 700

HIALEAH, FL 33012 US

NARANJO, MARIA E PD

1840 WEST 49 ST

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: MARI E NARANJO 03/19/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 NARANJO, MARIA ELENA
 Name:

 Address:
 1840 WEST 49 ST SUITE 700
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

Title: VPD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FIALLO, HILDA
 Name:

 Address:
 1840 WEST 49 ST SUITE 700
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 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: MARIA E NARANJO PD 03/19/2008