2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P02000054802

1. Entity Name

SUNRISE AUTO SALVAGE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 280 FLAGLER BEACH FL 32136	POST OFFICE BOX 280 FLAGLER BEACH FL 32136

1st MOORE   CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc	
City & State	City & State	

4. FEI Number 30-0092567 | Applied For / Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SKLAR, HOWARD 3231 N. OCEAH SHORE BOULEVARD FLAGLER BEACH FL 32136	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST NAME SKLAR, HOWARD STREET ADDRESS POST OFFICE BOX 280 CITY-ST-ZIP FLAGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000708991 04/24/07-80135-025 150.00	☐ Change ☐ Addition
TITLE D NAME SKLAR, HOWARD STREET ADDRESS POST OFFICE BOX 280 CITY-ST-ZIP FLAGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE: _Howard Sklar_   HOWARD SKLAR   4-17-07   386 439 0081

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