

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000108861

Entity Name: SUNRISE VIEW MOTEL, INC.

FILED
Jul 09, 2005
Secretary of State

Current Principal Place of Business:

327 PIERCE STREET
HOLLYWOOD BEACH, FL 33020

New Principal Place of Business:

6723 MARIPOSA CIRCLE EAST
PEMBROKE PINES, FL 33331

Current Mailing Address:

327 PIERCE STREET
HOLLYWOOD BEACH, FL 33020

New Mailing Address:

6723 MARIPOSA CIRCLE EAST
PEMBROKE PINES, FL 33331

FEI Number: 06-1655411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOMINO, ARMANDO
327 PIERCE STREET
HOLLYWOOD BEACH, FL 33020 US

Name and Address of New Registered Agent:

JACOMINO, ARMANDO
6723 MARIPOSA CIRCLE EAST
PEMBROKE PINES, FL 33331 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

07/09/2005

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOMINO, FRANCES T
Address: 327 PIERCE STREET
City-St-Zip: HOLLYWOOD BEACH, FL 33020

Title: VP () Delete
Name: JACOMINO, ARMANDO
Address: 327 PIERCE STREET
City-St-Zip: HOLLYWOOD BEACH, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACOMINO, FRANCES T
Address: 6723 MARIPOSA CIRCLE EAST
City-St-Zip: PEMBROKE PINES, FL 33331

Title: VP (X) Change () Addition
Name: JACOMINO, ARMANDO
Address: 6723 MARIPOSA CIRCLE EAST
City-St-Zip: PEMBROKE PINES, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARMANDO JACOMINO

VP

07/09/2005

Electronic Signature of Signing Officer or Director

Date