

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P02000126168

1. Entity Name
SUNRISE COUNTRY CLUB DEVELOPERS, INC.



Principal Place of Business

**10 NW 42ND AVENUE
SUITE 700
MIAMI, FL 33126 US**

Mailing Address

**10 NW 42ND AVENUE
SUITE 700
MIAMI, FL 33126 US**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0509817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOURIZ, MIGUEL A
10 N.W. 42ND AVE.
STE. 700
MIAMI, FL 33126**

**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 _____
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**

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

**U00000722783
05/02/07-80045-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOURIZ, MIGUEL A 10 N.W. 42ND AVE. STE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOURIZ, REINALDO J 10 N.W. 42ND AVE. STE. 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUIG, ENRIGUE 10 N.W. 42ND AVE. STE. 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 (305) 667-1577
Date Daytime Phone #