

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90040 048 ***150.00

DOCUMENT # P03000005637

1. Entity Name

SUNRISE CONSULTING GROUP, INC.



Principal Place of Business

100 SUNRISE UNIT 523
PALM BCH FL 33480

Mailing Address

100 SUNRISE UNIT 523
PALM BCH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

02-0666906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 - 4 STREET
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent

Name

~~THE~~ HARVEY GRACE

Street Address (P.O. Box Number is Not Acceptable)

100 SUNRISE AVE # 523

PALM BEACH

City

FL

Zip Code

33480

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, by or for the current registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/1/05

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2005 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

TITLE ☐ Delete

NAME GRACE, REVA K
STREET ADDRESS 100 SUNRISE UNIT 523
CITY-ST-ZIP PALM BCH FL 33480

TITLE ☐ Delete

NAME HARVEY GRACE
STREET ADDRESS 100 SUNRISE
CITY-ST-ZIP PALM BEACH 33480

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

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TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #