

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000044179

1. Entity Name

JIS SUNRISE INC.



Principal Place of Business

5797 38TH AVE. N.
SAINT PETERSBURG FL 33710

Mailing Address

5797 38TH AVE. N.
SAINT PETERSBURG FL 33710

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

33-1054066

Applied For

Not Applicable

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

MATHEW, SAJI
12198 83RD AVE
SEMINOLE FL 33772

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D,P	<input type="checkbox"/> Delete
NAME	JOSEPH, SIBY	
STREET ADDRESS	12304 PORTRUSH CT	
CITY- ST- ZIP	ODESSA FL 33556	
TITLE	D,VP	<input type="checkbox"/> Delete
NAME	PUTHUSSEERIL, BIJU	
STREET ADDRESS	9000 S.W. 68TH TERR	
CITY- ST- ZIP	MIAMI FL 33173	
TITLE	D,T	<input type="checkbox"/> Delete
NAME	KADALIMATTOM, SIBI	
STREET ADDRESS	5745 REBA ST	
CITY- ST- ZIP	MORTON GROVE IL 60053	
TITLE	D,S	<input type="checkbox"/> Delete
NAME	MATHEW, SAJI	
STREET ADDRESS	12198 83RD AVE	
CITY- ST- ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

2/11/05

Date

727-384-0887

Daytime Phone #