

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000044179

Entity Name: JIS SUNRISE INC.

FILED
Sep 15, 2005
Secretary of State

Current Principal Place of Business:

5797 38TH AVE. N.
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5797 38TH AVE. N.
SAINT PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 33-1054066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEW, SAJI
12198 83RD AVE
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

MATHEW, MAGIE
7832 AMBER CT
SEMINOLE, FL 33772 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: MAGIE MATHEW

09/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: JOSEPH, SIBY
Address: 12304 PORTRUSH CT
City-St-Zip: ODESSA, FL 33556

Title: D,VP () Delete
Name: PUTHUSSERIL, BIJU
Address: 9000 S.W. 68TH TERR
City-St-Zip: MIAMI, FL 33173

Title: D,T () Delete
Name: KADALIMATTOM, SIBI
Address: 5745 REBA ST
City-St-Zip: MORTON GROVE, IL 60053

Title: D,S () Delete
Name: MATHEW, SAJI
Address: 12198 83RD AVE
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D,S (X) Change () Addition
Name: MATHEW, MAGIE
Address: 7832 AMBER CT
City-St-Zip: SEMINOLE, FL 33772

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: MAGIE MATHEW

S

09/15/2005

Electronic Signature of Signing Officer or Director

Date