


**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90216 040 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000084851</b>			
1. Entity Name <b>SUNRISE ENTERPRISES AND TRANSPORT SYSTEMS, INC.</b>			
Principal Place of Business <b>16201 NW 17TH PLACE OPA LOCKA, FL 33054</b>		Mailing Address <b>16201 NW 17TH PLACE OPA LOCKA, FL 33054</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MEEKS, MILDRED 16201 NW 17TH PLACE OPA LOCKA, FL 33054</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEEKS, ALLEN 16201 NW 17TH PLACE OPA LOCKA, FL 33054</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MEEKS, MILDRED 16201 NW 17TH PLACE OPA LOCKA, FL 33054</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD HOLLINGER, CYNTHIA 16141 NW 17TH PLACE OPA LOCKA, FL 33054</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Mildred Meeks</i>		Date: <b>5/7/04</b> (305) 625-6199	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Attachment*

*0642149*

**Attachment**

<b>DOCUMENT #</b> 1. Entity Name	P03000084851
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Sunrise Enterprises and Transportation Systems, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 16201 NW 17th Place Suite, Apt. #, etc.	<b>3. Mailing Address</b> 16201 NW 17th Place Suite, Apt. #, etc.
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City & State Opa Locka, FL	City & State Opa Locka, Florida
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Zip 33054	Country USA	Zip 33054	Country USA
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 51-0478666	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name Mildred Meeks	
Street Address (P.O. Box Number is Not Acceptable) 16201 NW 17th Place	
City Opa Locka	Zip Code FL 33054

**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: *Mildred Meeks* Mildred Meeks 4/17/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>January 1, May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p><b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.</p>
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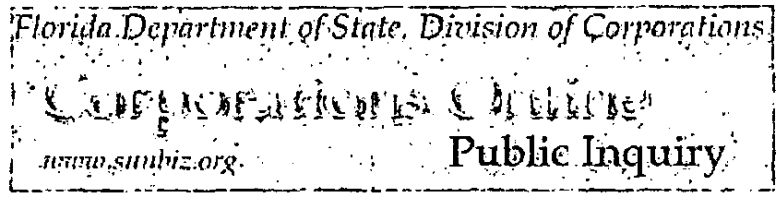
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson of Board Meeks, Allen 16201 NW 17th Place Opa Locka, Florida 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director/Vice Chairperson Mildred Meeks 16201 NW 17th Place Opa Locka, Florida 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary/Director Cynthia Hollinger 16141 NW 17th Place Opa Locka, Florida 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio Clifton H. Rodriguez, CPA 3146 NW 68 Street, Suite No.1 Fort Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.**

SIGNATURE: *Allen Meeks* Allen Meeks 4/17/2004 (305)625-6199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachments - P03000084851



### Florida Profit

### SUNRISE ENTERPRISES AND TRANSPORT SYSTEMS, INC.

**PRINCIPAL ADDRESS**  
 16201 NW 17TH PLACE  
 OPA LOCKA FL 33054

**MAILING ADDRESS**  
 16201 NW 17TH PLACE  
 OPA LOCKA FL 33054

**Document Number**  
 P03000084851

**FEI Number**  
 NONE

**Date Filed**  
 08/01/2003

**State**  
 FL

**Status**  
 ACTIVE

**Effective Date**  
 NONE

### Registered Agent

Name & Address
MEEKS, MILDRED 16201 NW 17TH PLACE OPA LOCKA FL 33054

### Officer/Director Detail

Name & Address	Title
MEEKS, ALLEN 16201 NW 17TH PLACE OPA LOCKA FL 33054	PD
MEEKS, MILDRED 16201 NW 17TH PLACE OPA LOCKA FL 33054	TD
HOLLINGER, CYNTHIA 16141 NW 17TH PLACE OPA LOCKA FL 33054	SVD

### Annual Reports

66421491

Attachments (P0300084851)

Report Year	Filed Date



Previous Filing

Return to List

Next Filing

No Events  
No Name History Information

### Document Images

Listed below are the images available for this filing.

08/01/2003 -- Domestic Profit
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**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

Corporations Inquiry

Corporations Help