

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000155881

1. Entity Name
SUNRISE FUEL, INC.



Principal Place of Business
**7705 NW 88 AVENUE
TAMARAC, FL 33321 US**

Mailing Address
**7705 NW 88 AVENUE
TAMARAC, FL 33321 US**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0854907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUSSEIN, OMAR
14441 SW 93 TERRACE
MIAMI, FL 33186**

**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

April - 17 - 06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**000000571448
07/20/06-80009-017 550.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUSSEIN, OMAR
STREET ADDRESS	14441 SW 93 TERRACE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	VPD
NAME	HUSSEIN, OSAMA
STREET ADDRESS	22661 SW 157 AVE.
CITY - ST - ZIP	MIAMI, FL 33170
TITLE	TD
NAME	HUSSEIN, SHAFIK
STREET ADDRESS	22661 SW 157 AVE.
CITY - ST - ZIP	MIAMI, FL
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

April - 17 - 06

Date

Daytime Phone #