
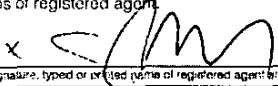



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90053 041 ***150.00

DOCUMENT # P04000056620 1. Entity Name Sunrise Snack Bar, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3291 W. Sunrise Blvd., Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ft. Lauderdale		City & State	
Zip 33311	Country Broward	Zip 33311	Country US
4. FEI Number 20-0947536		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Shimon Sagron			
Street Address (P.O. Box Number is Not Acceptable)			
16223 NW 17th Court			
City Pembroke Pines		FL	Zip Code 33028
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 		Shimon Sagron	
Signature, typed or printed name of registered agent and title if applicable.		DATE 04/11/2005	
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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shimon Sagron 16223 NW 17th Court Pembroke Pines, Florida 33028-1728	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			
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: 		04/11/2005 954-472-3124	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)