

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000172878

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** SUNRISE RELAX HEALTH CARE CORP.

**Current Principal Place of Business:**

636 SW 109 AVE.  
SWEETWATER, FL 33174

**New Principal Place of Business:**

636 SW 109 AVE.  
MIAMI, FL 33174

**Current Mailing Address:**

636 SW 109 AVE.  
SWEETWATER, FL 33174

**New Mailing Address:**

636 SW 109 AVE.  
MIAMI, FL 33174

**FEI Number:** 20-2093458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAJO, TANIA  
636 SW 109 AVE.  
SWEETWATER, FL 33174 US

**Name and Address of New Registered Agent:**

DEL PINO, VANNESSA  
636 SW 109 AVE  
MIAMI, FL 33174 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: TANIA FAJO

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: FAJO, TANIA  
Address: 636 SW 109 AVE  
City-St-Zip: MIAMI, FL 33174

Title: VP  
Name: FAJO, WILFREDO JR  
Address: 636 SW 109 AVE  
City-St-Zip: MIAMI, FL 33174

I hereby 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 all other like empowered.

SIGNATURE: TANIA FAJO

PT

01/14/2011

Electronic Signature of Signing Officer or Director

Date