

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081893

Entity Name: SUNRISE UNITED, INC.

FILED  
Apr 15, 2006  
Secretary of State

## Current Principal Place of Business:

18281 NW 19TH STREET  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

18281 NW 19TH STREET  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 20-2786581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GHAZNAVI, SHARIQ  
18281 NW 19TH STREET  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GHAZNAVI, SHARIQ  
Address: 18281 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Delete  
Name: BOZAI, SALEHA  
Address: 4136 SW 159TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: V ( ) Delete  
Name: ARORA, AJAY KUMAR  
Address: 1270 NW 154TH LANE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete  
Name: SHEIKH, FAROOQUDDIN A  
Address: 3521 BONITA DRIVE  
City-St-Zip: PLANO, TX 75025

Title: S ( ) Delete  
Name: MALIK, MASOOD  
Address: 9220 NW 14TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP ( ) Delete  
Name: SINGIREDDY, RAVINDER  
Address: 413 STONE BRIDGE CIRCLE  
City-St-Zip: ALLEN, TX 75013

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHARIQ GHAZNAVI

P

04/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date