

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081893

Entity Name: SUNRISE UNITED, INC.

FILED
Apr 18, 2009
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 (X)

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: D () Delete
Name: BOZAI, NAHEED
Address: 18281 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

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

Title: D () 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: D (X) Change () Addition
Name: BOZAI, SALEHA
Address: 4136 SW 159 AVE
City-St-Zip: MIRAMAR, FL 33027

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 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

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date