2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

| Principal Place of Business | DOCUMENT # P05000082631 1. Entity Name SEA TOWN OF SUNRISE, CORP. | | | | | | 196 029 ***150. | 00 | |
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| 2750 W SIARRISE BLVD | Principal Place | e of Business | Mailing Address | | — αυι | 10201 | | | |
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| City & State Country Zip Country Size S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent Name **REBLAWE, RRASHID H 250 W SUNRISE BLVD FT LAUDERDALE, FL 33311 **CEUCHAMAY 1, 2006 Fee will be \$550.00 The displacent of registered agent, or both, in the State of Rovice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rovice. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature** Sig | 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| City & State Country Zip 200 State Country State Cou | Suite, Apt. #, etc. | | i - | | 04282006 | Chg-P | CR2E034 (11/05) | | |
| S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent KEBLAWE. RRASHID H FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am | City & State | | | | | | | - | |
| KEBLAWE, RRASHID H 2750 W SUNRISE BLVD FT LAUDERDALE, FL 33311 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 POWNET: FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 PSIELE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$1000 Fee will be \$1000 Fee will be \$1000 Fee will be | Zíp | Country | | Country | 5. Certificate | of Status Desired | | | |
| Street Address (P.O. Box Number is Not Acceptable) FL 275 OW SUNRISE BLVD City FL 219 Code 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE P OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE V ORACLE, FL 33311 TITLE V ORACLE, FL 33311 TITLE MAALL, AZIZ M MAALL, AZIZ M MAALL, AZIZ M MAALL, AZIZ M MAALL, MOAIED S SIRET ADDRESS CITY-SI-2P FT LAUDERDALE, FL 33311 CITY-SI-2P FT LAUDERDALE, FL 33311 CITY-SI-2P TITLE MAGE MAALL, MOAIED S SIRET ADDRESS CITY-SI-2P TITLE T | | 6. Name and Address of Current R | | | 7. Name and | Address of New R | <u></u> | | |
| Sireer Address (P.O. Box Number is Not Acceptable) City FL Zip Code | KEDI AVAC | DDACHID H | | Name | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signame, typed or printed name of registered agent agent agent agent agent agent. (NOTE Registered agent ag | 2750 W SUNRISE BLVD | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pursued reare of registered agent and tale 4 Apriliagles. (NOTE: Registered Agent separate required where reinstance). PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE. P. MARE SIREEL ADDRESS OITY 5:12P TITLE V MAALI, AZIZ M SIREEL ADDRESS OITY-SI-2P TITLE S MAALI, MOAIED S SIREEL ADDRESS OITY-SI-2P FT LAUDERDALE, FL 33311 TITLE MAME SIREEL ADDRESS OITY-SI-2P FT LAUDERDALE, FL 33311 TITLE T MALI, MOAIED S SIREEL ADDRESS OITY-SI-2P FT LAUDERDALE, FL 33311 TITLE T MALI, MOAIED S SIREEL ADDRESS OITY-SI-2P FT LAUDERDALE, FL 33311 TITLE T MALI, MOAIED S SIREEL ADDRESS OITY-SI-2P TITLE T MALI, MOAIED S SIREEL ADDRESS OITY-SI-2P FT LAUDERDALE, FL 33311 TITLE T MALI, MOAIED S SIREEL ADDRESS OITY-SI-2P TITLE T MALI MOAIED S SIREEL ADDRESS OITY-SI-2P TITLE MAME SIREEL ADDRESS SI | | | 4. | L | | | | | |
| SIGNATURE Signature Superior are of registered agent and see if secretable MOTE. Registered Agent signature recurred when rendancy) DATE | | | | City | | | FL Zip Coo | le | |
| ## After May 1, 2006 Fee will be \$50.00 Trust Fund Contribution. Added to Fees | the obligat | ions of registered agent. |), | | | th, in the State of Flo | | , and accept | |
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| CITY-ST-ZIP CITY-ST-ZIP 12. 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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | P KEBLAWE, RASHID H 2750 W SUNRISE BLVD FT LAUDERDALE, FL 33311 V MAALI, AZIZ M 2750 W SUNRISE BLVD FT LAUDERDALE, FL 33311 S MAALI, MOAIED S 2750 W SUNRISE BLVD FT LAUDERDALE, FL 33311 T ELAYYAN, SAM M 2750 W SUNRISE BLVD | Delete Delete Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | CHANGES TO OFFI | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition | |

I hereby certify that the information supplied with this filling 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 attachater) with an address, with all other like empowered

CNATURE:

CNATURE

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