2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000113095

SUNRISE PLASTERING, CORP.



Principal Place of Business

7197 NW 1 TERR MIAMI, FL 33126 Mailing Address

7197 NW 1 TERR MIAMI, FL 33126

FILED Apr 30, 2007 08:00 A Secretary of State



DO	NOT	WRITE	IN	THIS	SPACE
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No Chg-P CR2E034 (11/05) 03132007 4. FEI Number 20-3311726 Applied For

Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE 7197 NW 1 TERR MIAMI, FL 33126

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	•				,			
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 typed or printed harm of registered agent and tide	if applicable (NOTE Registered	Agent signature	required when reinstating),;	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS .		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, JOSE 7197 NW 1 TERR MIAMI, FL 33126							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000750185 05/18/07-80052-015 150.00			
THILE NAME SIREET ADDRESS CHY-SI-ZIP				DO	NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE			
HTLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP			t	• 6.				
12. I hereby certify that the information supplies 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 add a counter 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 trister impowered 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 attachment with in andress, with all over fixe empowered.								

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR