2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155057

Entity Name: SUNRISE CONNECT CORP.

FILED Aug 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

916 NE 96TH ST 19500 BEL AIRE DRIVE MIAMI, FL 33138 CUTLER BAY, FL 33157

Current Mailing Address: New Mailing Address:

19500 BEL AIRE DRIVE 19500 BEL AIRE DRIVE CUTLER BAY, FL 33157 CUTLER BAY, FL 33157

US

FEI Number: 20-3892513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TAX HOUSE 1100 S FEDERAL HWY DEERFIELD BEACH, FL 33441

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 OLIVEIRA, CELSO L
 Name:
 OLIVEIRA, CELSO L

 Address:
 19500 BEL AIRE DRIVE
 Address:
 19500 BEL AIRE DRIVE

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 CUTLER BAY, FL 33157

 $\label{eq:total_title} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change ($)} \mbox{ Addition}$

Name:OLIVEIRA, BEATRIZ FName:OLIVEIRA, BEATRIZ FAddress:19500 BEL AIRE DRIVEAddress:19500 BEL AIRE DRIVECity-St-Zip:MIAMI, FL 33157City-St-Zip:CUTLER BAY, FL 33157

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: CELSO L OLIVEIRA PD 08/03/2009