

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000006888

FILED  
Jul 07, 2009  
Secretary of State

Entity Name: SUNRISE CONSULTING INC.

**Current Principal Place of Business:**

1050 NW 125TH AVENUE  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SZA  
110 ROCKAWAY TPKE #4  
LAWRENCE, NY 11559

**New Mailing Address:**

FEI Number: 11-3771849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DINAR, MICHAEL  
1050 NW 125TH AVENUE  
SUNRISE, FL 33323 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

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:**

Title: P ( ) Delete  
Name: DINAR, MICHAEL  
Address: 70-10 GROTON STREET  
City-St-Zip: FOREST HILLS, NY 11375

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR. (X) Change ( ) Addition  
Name: DINAR, MICHAEL PRES.  
Address: 70-10 GROTON STREET  
City-St-Zip: FOREST HILLS, NY 11375

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: MICHAEL DINAR

PRES

07/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date