Bryan

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/28/2008-90001-020-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 15 PM 12:20

2nd MOORE CR2E034 (4/08)

DOCUMENT # P06000056835

1. Entity Name
SUNRISE & SUNSET ALF, INC.

Principal Place of Business	Mailing Address
6280 NW 14 PLACE SUNRISE FL 33313	6280 NW 14 PLACE SUNRISE FL 33313

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6280 NW 14th Place	6280 NW 14th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise FL 33313	City & State: Sunrise FL 33313
Zip / Country	Zip / Country

4. FEI Number: ~~APPLIED FOR~~ 51-0633785[illegible] ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, NIMROY
4750 COMMERCIAL BLVD
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BRYAN, DELORES	
STREET ADDRESS	6280 NW 14 PLACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	Owner/Administrator	☐ Delete
NAME		
STREET ADDRESS	6280 NW 14th Place	
CITY-ST-ZIP	Sunrise FL 33313	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 9/15/08	☐ Change ☐ Addition

12. I 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Delores Bryan 8/25/08 954 4934190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6280 NW 14th Place
Sunrise FL 33313

Florida Department of State
Division of Corporations

Reference # P06000056835-
FEI # is 51-0637854

Thank you
Delores Bryan
Sunrise & Sunset ALF