

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90028 031 ***150.00

DOCUMENT # P07000001139		
1. Entity Name SUNRISE TRANSLATE, INCORPORATED		

40052494



Principal Place of Business 4540 SW 44TH STREET OCALA, FL 34474		Mailing Address 4540 SW 44TH STREET OCALA, FL 34474	
2. Principal Place of Business - No P.O. Box # 2600 SW 10TH STREET Suite, Apt. #, etc. #2201		3. Mailing Address 2600 SW 10TH STREET Suite, Apt. #, etc. #2201	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34471	Country	Zip 34471	Country

03252008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0285856		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JIANG, BEI BEI 4540 SW 44TH STREET OCALA, FL 34474		7. Name and Address of New Registered Agent Name BEI BEI JIANG Street Address (P.O. Box Number is Not Acceptable) 2600 SW 10TH STREET, #2201 City OCALA FL Zip Code 34471	
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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 \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME JIANG, BEI BEI STREET ADDRESS 4540 SW 44TH STREET CITY-ST-ZIP OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE PD	NAME JIANG, BEI BEI STREET ADDRESS 2600 SW 10TH STREET, #2201 CITY-ST-ZIP OCALA, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  3/25/08 (407) 668-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #