

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED  
Aug 30, 2011  
Secretary of State

Entity Name: ISLAND SUNRISE INCORPORATED

**Current Principal Place of Business:**

10419 FALCON PARC BLVD  
APT 205  
ORLANDO, FL 32832 US

**New Principal Place of Business:**

**Current Mailing Address:**

10419 FALCON PARC BLVD  
APT 205  
ORLANDO, FL 32832 US

**New Mailing Address:**

FEI Number: 26-0547393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CRUZ, MARIA T  
10419 FALCON PARC BLVD  
APT 205  
ORLANDO, FL 32832 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRUZ, MARIA T  
Address: 10419 FALCON PARC BLVD APT 205  
City-St-Zip: ORLANDO, FL 32832 US

Title: VP  
Name: CRUZ, CARLOS G  
Address: 10419 FALCON PARC BLVD APT 205  
City-St-Zip: ORLANDO, FL 32832 US

Title: D  
Name: CRUZ, LAKANDULA A  
Address: 10419 FALCON PARC BLVD APT 205  
City-St-Zip: ORLANDO, FL 32832 US

Title: D  
Name: CRUZ, MUTYA A  
Address: 10419 FALCON PARC BLVD APT 205  
City-St-Zip: ORLANDO, FL 32832 US

Title: D  
Name: SANTANA, ERLINDA  
Address: 182 PARSONS RD.  
City-St-Zip: LONGWOOD, FL 32779 US

I hereby 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 all other like empowered.

SIGNATURE: MARIA T. CRUZ

P

08/30/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date