

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90033 027 ***150.00

DOCUMENT # P93000020870

1. Entity Name

SUNRISE-BROWARD INVESTMENTS, INC.



Principal Place of Business

1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134

Mailing Address

1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0398404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUESADA, G F
1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JUELLE, TERESA
STREET ADDRESS	1313 PONCE DE LEON BLVD S200
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	S
NAME	JUELLE, SUSAN
STREET ADDRESS	1313 PONCE DE LEON BLVD., STE. 200
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	T
NAME	JUELLE, JOSE A
STREET ADDRESS	1313 PONCE DE LEON BLVD., STE. 200
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose A. S. Jr. 1123107