

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 050 ***163.75

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1. Entity Name
A-1 SUNRISE CONSTRUCTION COMPANY



Principal Place of Business
**19360 SW 344TH STREET
HOMESTEAD, FL 33034**

Mailing Address
**19360 SW 344TH STREET
HOMESTEAD, FL 33034**

40029973



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0442600

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POZO, DAUCE
19360 SW 344TH STREET
HOMESTEAD, FL 33034**

**DO NOT WRITE
IN THIS SPACE**

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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POZO, DAUCE
STREET ADDRESS	19360 SW 344TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	VP
NAME	POZO, ANTINOGENO
STREET ADDRESS	35301 SOUTHWEST 213 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	T
NAME	POZO, DAUCE
STREET ADDRESS	19360 SW 344TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	S
NAME	POZO, DAUCE
STREET ADDRESS	19360 SW 344TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]* **DAUCE POZO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/08 (786) 412-2681
Date Daytime Phone #