


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90018 027 ***150.00

| | | | | | |
|---|-----------------|---|---|---|--|
| DOCUMENT # P93000077095 1. Entity Name SUNRISE INVESTMENT CORP. | | | |  | |
| Principal Place of Business C/O E. J. VENTA 13764 SW 11 ST MIAMI, FL 33184 US | | | Mailing Address C/O E. J. VENTA 13764 SW 11 ST MIAMI, FL 33184 US | | |
| 2. Principal Place of Business - No P.O. Box # c/o Teresita Cajigas | | 3. Mailing Address c/o Teresita Cajigas | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 65-0476188 | | | | 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 PERLMAN, GEORGE D 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PTD | <input type="checkbox"/> Delete | | | |
| NAME | SAIAS, SALVADOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | 13764 SW 11 ST | | | | |
| CITY-ST-ZIP | MIAMI, FL 33184 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | SAIAS, RAUL S | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | 13764 SW 11 ST | | | | |
| CITY-ST-ZIP | MIAMI, FL 33184 | | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | | |
| NAME | DE SAIAS, PERLA | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | 13764 SW 11 ST | | | | |
| CITY-ST-ZIP | MIAMI, FL 33184 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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 the empowered. | | | | | |
| SIGNATURE: _____ 01.19.07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | | |