## 2005 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Mar 21, 2005 08:00 AM **DOCUMENT # P94000078436 Secretary of State** 1. Entity Name SUNRISE INTERNATIONAL PRODUCTIONS CORP. Principal Place of Business \_\_ Mailing Address 700 E DANIA BCH BLVD 700 E DANIA BCH BLVD 202 DANM, FL 33004 US \_ DANIA, FL 33004 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0531466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent VIVIES, PATRICK DO NOT WRITE 700 E DANIA BEACH BLVD **STE 202** IN THIS SPACE DANIA, FL 33004 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 little if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ABDESSALEM, MEHADHBI NAME 4609 VERDUN #1 STREET ADDRESS CITY-ST-ZIP VERDON, QC, CANADA, h4gg1mg U00000270743 VPD TITLE 03/21/05-60021-008 150.00 GRILLO, ALAIN NAME STREET ADDRESS 4609 VERDUN #1 VERDUN, QC, CANADA, h4g1mg CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 appears with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #