

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086251

FILED
Apr 13, 2009
Secretary of State

Entity Name: SUNRISE PROPERTIES INTERNATIONAL CORP.

Current Principal Place of Business:

18839 BISCAYNE BLVD
AVENTURA, FL 33180 US

New Principal Place of Business:

2121 PONCE DE LEON BLVD. STE 1050
CORAL GABLES, FL 33134 US

Current Mailing Address:

P.O. BOX 611202
MIAMI, FL 33261 US

New Mailing Address:

2121 PONCE DE LEON BLVD. STE 1050
CORAL GABLES, FL 33134 US

FEI Number: 65-0538339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VIVES, MAURICIO
Address: 18755 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VIVES, MAURICIO
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAURICIO VIVES

PD

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date