## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT" FILED May 01, 2006 08:00 AN Secretary of State **DOCUMENT # P95000091666** SUNRISE SECURITY AGENCY AND MAINTENANCE, INC. Principal Place of Business Mailing Address 2319 NW 135TH STREET 2319 NW 135TH STREET MIAMI, FL 33167 MIAMI, FL 33167 CR2E034 (11/05) 04262006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0663352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUSO, SAMBALLA M DO NOT WRITE 2319 NW 135TH STREET MIAMI, FL 33167 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. DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 000000558533 05/17/06-80099-005 163.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PM TITLE NAME SUSO, SAMBALLA M. STREET ADDRESS 2319 NW 135 ST. MIAMI, FL 33167 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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: \_

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR