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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90238 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000013307

1. Entity Name
SUNRISE ARABIANS, INC.

94074852

Principal Place of Business	Mailing Address
15590 93RD STREET ROYAL PALM BEACH, FL 33412	15590 93RD STREET ROYAL PALM BEACH, FL 33412

2. Principal Place of Business	3. Mailing Address
15627 92nd Ct N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WPB, Fla	City & State
Zip: 33412 Country: P.B.	Zip / Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0733500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANCIS, CAROL A 15590 93RD STREET ROYAL PALM BEACH, FL 33412	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 15627 92nd Ct N City: WPB Fla FL Zip Code: 33412

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: Carol A Francis (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE: April 26, 2004

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIS, CAROL A 15590 93RD STREET ROYAL PALM BEACH, FL 33412 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE: Carol A Francis (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: April 26, 2004 Daytime Phone #: 561-795-2948