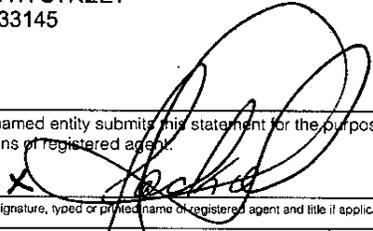
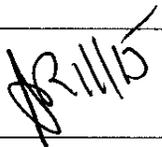
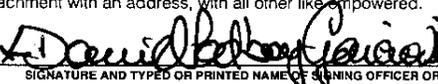


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 NOV -8 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000092580 1. Entity Name SUNRISE INTERNATIONAL ENTERPRISES, INC.					
Principal Place of Business 168 SE 1ST ST. # 1105 MIAMI, FL 33131		Mailing Address 2215 SW 24 ST MIAMI, FL 33145			
2. Principal Place of Business 2215 SW 24 ST		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State		4. FEI Number 65-0790374	
Zip 33145		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POB BODY GARCIA, JACQUELINE 2215 SW 24TH STREET MIAMI, FL 33145			7. Name and Address of New Registered Agent Name JACQUELINE POBBOY-NAVARRO Street Address (P.O. Box Number is Not Acceptable) 2215 SW 24 ST City MIAMI FL Zip Code 33145		
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 		J. POBBOY NAVARRO		DATE 10/12/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POBBOY GARCIA, JACQUELINE 2215 SW 24TH STREET MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042557697 11/08/04--01043--016 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, DANIEL 2215 SW 24 ST MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		DANIEL GARCIA		DATE 10/12/04	
Signature and typed or printed name of signing officer or director		Daytime Phone #		305-858-7840	