

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000019737

**FILED**  
**Nov 27, 2012**  
**Secretary of State**

**Entity Name:** SUNRISE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

12260 SW 53RD ST.  
SUITE 601B  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

9752 SW 1ST ST  
FORT LAUDERDALE, FL 33324

**New Mailing Address:**

7694 GRANVILLE DR.  
TAMARAC, FL 33321

**FEI Number:** 65-0907230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLASTINO, THERESA A  
9752 SW 1 ST  
FT LAUDERDALE, FL 33324 US

**Name and Address of New Registered Agent:**

PLASTINO, THERESA A  
7694 GRANVILLE DRIVE  
TAMARAC, FL 33321 US

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

11/27/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: PLASTINO, THERESA A  
Address: 7694 GRANVILLE DRIVE  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: THERESA A PLASTINO

PRES

11/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date