

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90087 031 ***150.00

DOCUMENT # P99000037388

1. Entity Name

SUNRISE KEY, INC.



Principal Place of Business

1041 SE 17TH STREET
101
FORT LAUDERDALE FL 33316

Mailing Address

1041 SE 17TH STREET
101
FORT LAUDERDALE FL 33316

94039270



MOORE CR2E034 (11/03)

2. Principal Place of Business

655 FIFTH KEY DRIVE 1326 SE 17th St.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 530

City & State

FORT LAUDERDALE FL
Zip 33304-3889 Country USA

City & State

FORT LAUDERDALE
Zip 33316 Country USA

4. FEI Number

58-2474025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGER, ALEXANDRA
1041 SE 17TH STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

ALLAN E. LAUFER

Street Address (P.O. Box Number is Not Acceptable)

1451 W. CYPRESS CREEK ROAD

SUITE 300

City

FORT LAUDERDALE

FL

Zip Code

33309

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 Allan E. Laufer CPA

3/25/04

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 May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KUTZ, UWE	
STREET ADDRESS	DOCKSIDE, CLOISTER DRIVE	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREY, WILLY	
STREET ADDRESS	DOCKSIDE, CLOISTER DRIVE	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/2004