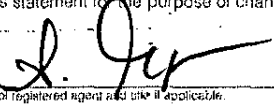
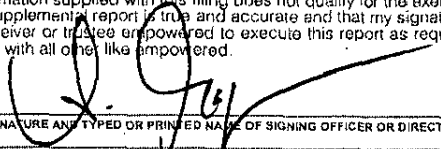


FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 012 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000037388			
1. Entity Name SUNRISE KEY, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1041 SE 17th STREET Suite, Apt. #, etc. 101 City & State FT. LAUDERDALE, FL Zip 33316 Country USA		3. Mailing Address 1041 SE 17th STREET Suite, Apt. #, etc. 101 City & State FT. LAUDERDALE, FL Zip 33316 Country USA	
		4. FEI Number 58-2474025	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent Name ALEXANDRA MAGER Street Address (P.O. Box Number is Not Acceptable) 1041 SE 17th STREET City FT. LAUDERDALE FL Zip Code 33316	
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:  Administrator DATE: 4/14/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renominating)			
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT KUTZ, UWE DOCKSIDE, CLOISTER DRIVE NASSAU, BAHAMAS		TITLE NAME STREET ADDRESS CITY - ST - ZIP PATID APR 17 2003 BY: 5399	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DIRECTOR FREY, WILLY DOCKSIDE, CLOISTER DRIVE NASSAU, BAHAMAS		TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/14/03 Daytime Phone #: 954-523-3131	

CR2E034B (12/02)