FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90044 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90100588

DOCUMENT # P99000037388

1. Entity Name

SUNRISE KEY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1041 SE 17th STREET	1041 SE 17th STREET
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: 101
City & State: Ft. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2474025 ☐ Applied For ☐ Not Applicable

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

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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: [signature] Administrator 4/14/03

Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PRESIDENT
NAME	KUTZ, UWE
STREET ADDRESS	DOCKSIDE, CLOISTER DRIVE
CITY-ST-ZIP	NASSAU, BAHAMAS
TITLE	DIRECTOR
NAME	FREY, WILLY
STREET ADDRESS	DOCKSIDE, CLOISTER DRIVE
CITY-ST-ZIP	NASSAU, BAHAMAS

PAID
APR 17 2003
BY: 5399

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CR2E034B (12/02)

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: [signature] 4/14/03 954-523-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #