2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 30, 2007 8:00 am Secretary of State 05-30-2007 90004 010 ***150.00 DOCUMENT # S27134 1. Entity Name TAHÁRI SUNRISE, INC. 40118991 Principal Place of Business Mailing Address 12801 W SUNRISE BLVD SAWGRASS MILLS #565 501 BROAD AVE. RIDGEFIELD, NJ 07657 SUNRISE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 05172007 Chq-P CR2E034 (12/06) City & State City & State 4 EEL Number Applied For 65-0242147 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVERMAN, STUART M., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 415 5TH STREET W PALM BEACH, FL 33401 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change X Addition TAHARI, SUSAN 1141 BUCKINGHAM RO NAME COHEN, ITZHAK NAME 40 KENNEDY RD. STREET ADDRESS STREET ADDRESS FORTIGIN.J. CITY-ST-ZIP CRESSKILL, NJ CITY - ST - ZIP Delete ☐ Change TITLE TITLE Addition NAME TAHARI, AVRAHAM NAME STREET ADDRESS 1141 BUCKINGHAM RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LEE, NJ TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 impossing the chapter 607. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

TAHARI OUTLET SUNRISE, INC.

501 Broad Ave. Ridgefield, NJ 07657

Florida Dept. of State Division of Corporations PO Box 6198 Tallahassee, FL 32314 5/22/07

Re: Document # S27134

To Whom It May Concern:

Enclosed please find my check for \$150.00 for the Annual Report -2007. I haven't received the form by mail even though I have mailed back the appropriate paperwork required to receive said report. I have enclosed my check for \$150.00, along with the form I had to download.

Sincerely Yours,

by: Maxine Starkman Bookkeeper

Maxue Staden

For: TAHARI OUTLET SUNRISE INC.