

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S82682**

1. Entity Name  
**SUNRISE VIDEO PRODUCTIONS, INC.**



Principal Place of Business  
**4965 SW 74TH COURT  
MIAMI, FL 33155 US**

Mailing Address  
**761 SAN JUAN DRIVE  
CORAL GABLES, FL 33143-6224**



**DO NOT WRITE IN THIS SPACE**

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0289350**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOMONACO, LISA  
4965 SW 74TH COURT  
MIAMI, FL 33155**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	DP LOMONACO, JOSEPH 761 SAN JUAN DRIVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOMONACO, LISA 761 SAN JUAN DRIVE CORAL GABLES, FL
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04/15/05-80089-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X** *Lisa Lomonaco*

**LISA LOMONACO, PRES.**

Date

Daytime Phone #

4/13/05 (305)665-7673