


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90022 049 ***150.00

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| DOCUMENT # V66800 | |  |
| 1. Entity Name SUNRISE TRAVEL, INC. | | |

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|---|---|
| Principal Place of Business 101 E. MCNAB ROAD APT. 303 POMPANO BEACH, FL 33060 | Mailing Address 101 E. MCNAB ROAD APT. 303 POMPANO BEACH, FL 33060 |
|---|---|

24049102



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| 2. Principal Place of Business 2020 N.E. 56th St., Suite 209 | 3. Mailing Address 2020 N.E. 56th St., Suite 209 |
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03012004 Chg-P CR2E034 (10/03)

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|-------------------------------------|-------------------------------------|-----------------------------|-------------------------------|
| City & State Fort Lauderdale, FL | City & State Fort Lauderdale, FL | 4. FEI Number 65-0364113 | Applied For Not Applicable |
| Zip 33308 | Country USA | Zip 33308 | Country USA |

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

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent SELHOWER, NOEL 101 E. MCNAB ROAD APT. 303 POMPANO BEACH, FL 33060 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2020 N.E. 56th St, Suite 209 City Fort Lauderdale FL 33308 | |
|---|--|---|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARQUARDT, VIVIAN 6000 NE 22 WAY 3B FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SELHOWER, NOEL 101 E. MCNAB ROAD POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2020 N.E. 56th Street, Suite 209 Fort Lauderdale, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: NOEL SELHOWER PRESIDENT 4/12/04 954-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOEL SELHOWER

2297560