

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90369 031 ***150.00

DOCUMENT # V66800

1. Entity Name

SUNRISE TRAVEL, INC.



Principal Place of Business

2020 NE 56TH ST.
STE. 209
FORT LAUDERDALE FL 33308

Mailing Address

2020 NE 56TH ST.
STE. 209
FORT LAUDERDALE FL 33308



2. Principal Place of Business

1928 NE 56 ST.

3. Mailing Address

1928 NE 56 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FT LAUDERDALE FL

City & State

FT 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

7. Name and Address of New Registered Agent

SELHOWER, NOEL

2020 NE 56TH ST. 1928 NE 56 ST

STE. 209

FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

NOEL SELHOWER P/D

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

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 VP ☐ Delete
NAME MARQUARDT, VIVIAN
STREET ADDRESS 6000 NE 22 WAY 3B
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE D ☐ Delete
NAME SELHOWER, NOEL
STREET ADDRESS 2020 NE 56TH ST., STE. 209
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SEC-1D ☒ Change ☐ Addition
NAME VIVIAN MARQUARDT
STREET ADDRESS 671 LAKESIDE CIRCLE
CITY-ST-ZIP Pompano Bch FL 33066

TITLE PRES + DIR. ☒ Change ☐ Addition
NAME NOEL SELHOWER
STREET ADDRESS 1928 NE 56 ST
CITY-ST-ZIP FT LAUDERDALE, FL 33308

TITLE V.P/D ☐ Change ☒ Addition
NAME NICOLE SELHOWER
STREET ADDRESS 1928 NE 56 ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE: NOEL SELHOWER - Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-219-7560 3/26/06