

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001888

Entity Name: SUNRISE PHARMACEUTICAL INC**Current Principal Place of Business:**665 EAST LINCOLN AVENUE
RAHWAY, NJ 07065**Current Mailing Address:**665 EAST LINCOLN AVENUE
RAHWAY, NJ 07065**FEI Number:** 20-1492434**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SONI, ASHISH
830 TRUMAN AVENUE
KEY WEST, FL 33040 US*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.***SIGNATURE:** ASHISH SONI

01/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	PATEL, UTPAL
Address	8 WILLIAMS CREST
City-State-Zip:	PARK RIDGE NJ 07656

Title	P
Name	PATEL, JAYANTI
Address	8 WILLIAMS CREST
City-State-Zip:	PARK RIDGE NJ 07656

Title	EXV
Name	BHALLA, DEEPAK
Address	30 RIVER COURT #1410
City-State-Zip:	JERSEY CITY NJ 07310

Title	D
Name	DESAI, NARSHINH
Address	2 WILLIAM CREST
City-State-Zip:	PARK RIDGE NJ 07656

Title	D
Name	DESAI, DINESH
Address	2 WILLIAM CREST
City-State-Zip:	PARK RIDGE NJ 07656

Title	D
Name	PATEL, KANU
Address	20854 PINEY MEETINGHOUSE ROAD
City-State-Zip:	POTOMAC MD 20854

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAYANTI PATEL**PRESIDENT**

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date