

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111039

Entity Name: SUSPIK'S ENTERPRISE INC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

8451 NW 108 PLACE
EL DORAL, FL 33178

New Principal Place of Business:

8451 NW 108 PLACE
DORAL, FL 33178

Current Mailing Address:

16300 NE 19 AVE STE C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

8451 NW 108 PLACE
DORAL, FL 33178

FEI Number: 20-5441076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GS PROFESSIONAL SOLUTIONS INC
16300 NE 19 AVE STE C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

VARES, INC.
1688 CORAL WAY
MIAMI, FL 33145 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: VARES, INC.

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PIKARIN, SUSANA
Address: 8451 NW 108 PLACE
City-St-Zip: EL DORAL, FL 33178

Title: VP () Delete
Name: SAYOL, STEPHANIE
Address: 8451 NW 108 PLACE
City-St-Zip: EL DORAL, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SAYOL, STEPHANIE
Address: 8451 NW 108 PLACE
City-St-Zip: DORAL, FL 33178

Title: S () Change (X) Addition
Name: SAYOL, JUAN MANNUEL
Address: 8451 NW 108 PLACE
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSANA PIKARIN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date