


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2006 8:00 am
Secretary of State

04-11-2006 90253 001 *****5.00
04-11-2006 90253 002 ***150.00

DOCUMENT # P05000035185			
1. Entity Name SANUSI ENTERPRISES, INC.			
Principal Place of Business 12289 PEMBROKE ROAD PMB 157 PEMBROKE PINES, FL 33025		Mailing Address SAME AS #2	
2. Principal Place of Business 12289 Pembroke Rd Suite, Apt. #, etc. PMB 157 City & State Pembroke Pines FL Zip 33025 Country USA		3. Mailing Address SAME AS #2 Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent ANTHONY, FATOU S		7. Name and Address of New Registered Agent Name FATOU ANTHONY Street Address (P.O. Box Number is Not Acceptable) 19141 NW 6th Ave Miami Gardens City Miami Gardens FL Zip Code 33169	
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: <u>Fatou Anthony</u> <u>4/7/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 Fatou Anthony - President 19141 NW 6th Ave Miami Gardens, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT	
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	
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 exemptions contained 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 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: <u>Fatou Anthony</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		<u>4/7/06</u> <small>Date Daytime Phone #</small>	