### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT #231424**

1. Entity Name

SUAREZ-DEAN INVESTMENT COMPANY INC.



FILED Jul 20, 2007 8:00 am Secretary of State

07-20-2007 90017 005 \*\*\*155.00

Principal Place of Business

#5 BAHAMA CIR Tampa, Fl. 33606 Mailing Address

P O BOX 1137 TAMPA, FL 33601



07112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0954109

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DEAN, C.W.SR #5 BAHAMA CIR TAMPA, FL 33606

# DO NOT WRITE IN THIS SPACE

e named entity submits this statement for the titions of registered agent.	e purpose of cha	anging its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and	title il applicable.	(NOTE: Registered	Agent signature	required when reinstating)	DATE
Due by September 14, 2007 Trust Fund Contribution			sing 🔲	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
OFFICERS AND DI	RECTORS				
PD DEAN, C.W.SR 5 BAHAMA CIRCLE TAMPA, FL 33606					
	Signature, typed or printed name of registered agent and  LE NOW!!! FEE IS \$150.00  DUE by September 14, 2007  OFFICERS AND DII  PD  DEAN, C.W.SR  5 BAHAMA CIRCLE	Signature, typed or printed name of registered agent and title if applicable.  LE NOW!!! FEE IS \$150.00  OFFICERS AND DIRECTORS  PD  DEAN, C.W.SR 5 BAHAMA CIRCLE	Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered  LE NOWI!! FEE IS \$150.00  DUE by September 14, 2007  OFFICERS AND DIRECTORS  PD  DEAN, C.W.SR  5 BAHAMA CIRCLE	Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature)  (NOTE: Registered Agent signature)  (NOTE: Registered Agent signature)  9. Election Campaign Financing  Trust Fund Contribution.  OFFICERS AND DIRECTORS  PD  DEAN, C.W.SR  5 BAHAMA CIRCLE	Signature, typed or printed name of registered agent and bitle if applicable.  (NOTE: Registered Agent signature required when reinstating)  PLE NOW!!! FEE IS \$150.00  OFFICERS AND DIRECTORS  PD DEAN, C.W.SR 5 BAHAMA CIRCLE

#### TITLE DEAN, CWJR STREET ADDRESS 11564 W SINK OAK PATH CITY-ST-ZIP HOMOSASSA, FL TITLE DEAN, PAULINE S. NAME STREET ADDRESS **5 BAHAMA CIRCLE** CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-28P TITLE NAME

## DO NOT WRITE IN THIS SPACE

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** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JULY 2007 - 813-254-5571