

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # 385837

1. Entity Name
PUSHCART SUCCESSORS, INC.



Principal Place of Business
9101 SW 82 ST
MIAMI, FL 33173

Mailing Address
P O BOX 145027
CORAL GABLES, FL 33114-5027 US



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1356192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSSKIND, HARRY B
9101 SW 82 ST
MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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 Harry B. Suskind

4/3/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME SUSSKIND, WILLASUE
STREET ADDRESS 16 ISLAND AVE.
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE PDI
NAME SUSSKIND, RALEIGH
STREET ADDRESS 9101 SW 82ND STREET
CITY-ST-ZIP MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000689566
04/11/07-80038-025 150.00

**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

305) 271-9091