

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90022 018 ***150.00



DOCUMENT # 477494
 1. Entity Name
SU PROPERTIES, INC.

Principal Place of Business 12185 SOUTH DIXIE HWY MIAMI FL 33156 US	Mailing Address 12185 S DIXIE HWY MIAMI FL 33156 US
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 59-1689786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SU, JAMES
 12185 S DIXIE HWY
 MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **JAMES SU** DATE **01-31-08**

Signature of authorized person of registered agent and filer. If applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SU, SIXTO 12185 S. DIXIE HWY MIAMI FL 33156	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SU, HILDA 12185 S. DIXIE HWY MIAMI FL 33156	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SU, JAMES 12185 S DIXIE HWY MIAMI FL 33156	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DAVID SU 12185 South Dixie Hwy Miami, FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Henry Su 12185 South Dixie Hwy Miami, FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JAMES SU** DATE **01-31-08** DAYTIME PHONE # **305-251-7616 ext. 204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR