

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 497111	
1. Entity Name A. SUAREZ Y CIA, INC.	

Principal Place of Business 4807 N. CLARK TAMPA, FL 33614 US	Mailing Address 4807 N CLARK TAMPA, FL 33614 US
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1649473	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, ANTHONY J. 4807 N. CLARK TAMPA, FL 33614
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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 <u>Anthony J. Suarez</u>	<u>Anthony J. Suarez</u>	DATE <u>3/30/04</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUAREZ, ANTHONY J 4815 N CLARK AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SUAREZ, JOANN 4807 N. CLARK AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SUAREZ, ANTHONY J IV 15132 SPRING VIEW ST TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/04-80053-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		
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SIGNATURE: <u>Anthony J. Suarez</u>	DATE <u>3/30/04</u>	DAYTIME PHONE # <u>813-875-9272</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		