

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 611548

1. Entity Name
SUA-CHA INVESTMENTS, INC.



Principal Place of Business

11760 SW 25TH TERR
MIAMI FL, 33175

Mailing Address

1355 SW 6TH ST
APT 1
MIAMI, FL 33135 US

FILED

04 FEB 12 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072004 No Chg-P CR2E034 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ PULIBO, OSVALDO
1355 SW 6TH ST
APT 1
MIAMI, FL 33135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PULIDO, OSVALDO S
STREET ADDRESS	ANDALUCIA #519
CITY-ST-ZIP	PUERTO RICO, 00920
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	

8700029125928
02/20/04-01025-007 \$150.00

DO NOT WRITE
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osvaldo Suarez (PRESIDENT)

FEB 09 2004

Date 786-247 4406 Daytime Phone #