

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 611548

1. Entity Name
SUA-CHA INVESTMENTS, INC.



FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90031 016 ***150.00

Principal Place of Business

**11760 SW 25TH TERR
MIAMI FL, 33175**

Mailing Address

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

2. Principal Place of Business

1355 S.W. 6 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 1

City & State

MIAMI FLORIDA

City & State

Zip

33135

Country

Zip

Country

02052005

Chg-P

CR2E034 (10/03)

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**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**PD
PULIDO, OSVALDO S
ANDALUCIA #519
PUERTO RICO, 00920**

☐ Delete

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NAME
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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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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: Osvaldo Suarez (PRESIDENT) FEB-06-2005-786-247-4406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #