

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90045 022 ***158.75

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1. Entity Name

SUSUA REALTY, INC.



Principal Place of Business

#C BROMELIA STREET, PARQUE DE BUCARE
GUAYANABO PR 00969

Mailing Address

4921 KENSINGTON PARK BOULEVARD
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number **66-0401696**

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLER, JACKELINE
4921 KENSINGTON PARK BLVD.
ORLANDO FL 32819

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
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

TITLE PTD ☐ Delete
NAME SOLER-AGOSTINI, SANTIAGO C
STREET ADDRESS #C BROMELIA STREET, PARQUE DE BUCARE
CITY-ST-ZIP GUAYANABO PR 00969

TITLE DV ☐ Delete
NAME SOLER-AGOSTINI, JEANNETTE
STREET ADDRESS #172 MIMOSA STREET, SANTA MARIA
CITY-ST-ZIP SAN JUAN PR 00927

TITLE SD ☒ Delete
NAME SOLER-AGOSTINI, MARIE-IVETTE
STREET ADDRESS #278 TUBINJEN STREET EXT. COLLEGE PARK
CITY-ST-ZIP SAN JUAN PR 00927

TITLE V ☐ Delete
NAME SOLER-AGOSTINI, JACKELINE
STREET ADDRESS 4921 KENSINGTON PARK BLVD.
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition
NAME SOLER Agostini Jeannette
STREET ADDRESS #172 Mimosa St. Santa Maria
CITY-ST-ZIP San Juan, P.R. 00927

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

JAN 31/2005

Date

Daytime Phone #

(407) 292-6277