2007 FOR PROFIT CORPORATION

Jan 25, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F01000003932 01-25-2007 90034 048 ***158.75 SUSUA REALTY, INC. Principal Place of Business Mailing Address ייטטטטטט #C BROMELIA STREET, PARQUE DE BUCARE 4921 KENSINGTON PARK BOULEVARD GUAYANABO, PR 00969 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 66-0401696 Not Applicable 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOLER, JACKELINE Street Address (P.O. Box Number is Not Acceptable) 4921 KENSINGTON PARK BLVD. ORLANDO, FL 32819 City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete THIE Change ☐ Addition NAME SOLER-AGOSTINI, SANTIAGO C NAME STREET ADDRESS #C BROMELIA STREET, PARQUE DE BUCARE STREET ADDRESS CITY-ST-ZIP GUAYANABO, PR 00969 CITY-ST-ZIP TITLE Delete TITLE Change Addition Soler-Agostini, JEANNETTE HV72 Mimosa St. SANTA Maria SOLER-AGOSTINI, JEANNETTE NAME NAME STREET ADDRESS #172 MIMOSA STREET, SANTA MARIA STREET ADDRESS SAN JUAN, PR 00927 SAN JUAN, PR 00927 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete ☐ Addition NAME SOLER AGASTINI, JEANNETTE NAME # 172 MIMOSA ST SANTA MARIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN JUAN, PR 00927 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOLER-AGOSTINI, JACKELINE NAME NAME 4921 KENSINGTON PARK BLVD. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 peceiver 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 attaghment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED