


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F03728 1. Entity Name M.A. SUAREZ & ASSOCIATES, INC.	
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Principal Place of Business 4869 SW 75 AVE MIAMI, FL 33155	Mailing Address 4869 SW 75 AVE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2047959	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, MARIO A.
13031 SAN METEO AVE.
CORAL GABLES, FL 33156

**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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUAREZ, MARIO A. 13031 SAN MATEO CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUAREZ, CARMEN 9810 SW 56 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, JOSE 4601 NW 107 AVENUE #202 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/06-80040-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: MARIO A. SUAREZ 2/20/06 (305) 260-0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #