

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03728

Entity Name: M.A. SUAREZ & ASSOCIATES, INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

4869 SW 75 AVE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4869 SW 75 AVE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-2047959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SUAREZ, MARIO A.,
Address: 13031 SAN MATEO
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: SUAREZ, CARMEN
Address: 9610 SW 56 TERRACE
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: SUAREZ, JOSE
Address: 4601 NW 107 AVENUE #202
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO A. SUAREZ

DP

04/23/2008

Electronic Signature of Signing Officer or Director

Date