

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007104

FILED
Feb 02, 2008
Secretary of State

Entity Name: SUAREZ AND SONS CONST. CO., INCORPORATION

Current Principal Place of Business:

2641 NW 62 TERRACE
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

122 UNION STREET
LEOMINSTER, MA 01453

New Mailing Address:

20 ARLINGTON ST
LEOMINSTER, MA 01453

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, LUIS A
2641 NW 62 TERRACE
SUNRISE, FL 33313 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: PRES () Delete
Name: SUAREZ, LUIS A
Address: 2641 NW 62 TERRACE
City-St-Zip: SUNRISE, FL 33313

Title: P () Delete
Name: SUAREZ, LUIS A
Address: 2641 NW 62 TERRACE
City-St-Zip: SUNRISE, FL 33313

Title: VCHR () Delete
Name: SUAREZ, VIRGINIA C
Address: 122 UNION STREET
City-St-Zip: LEOMINSTER, MA 01453

Title: SV () Delete
Name: SUAREZ, VIRGINIA C
Address: 122 UNION STREET
City-St-Zip: LEOMINSTER, MA 01453

Title: TD () Delete
Name: SUAREZ, MATTHEW C
Address: 2641 NW 62 TERRACE
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VCHR (X) Change () Addition
Name: SUAREZ, VIRGINIA C
Address: 20 ARLINGTON ST
City-St-Zip: LEOMINSTER, MA 01453

Title: SV (X) Change () Addition
Name: SUAREZ, VIRGINIA C
Address: 20 ARLINGTON ST
City-St-Zip: LEOMINSTER, MA 01453

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: LUIS A SUAREZ

PRES

02/02/2008

Electronic Signature of Signing Officer or Director

Date