

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F31769

Entity Name: SUSCO CORP.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

17240 SW 77TH CT
C/O ROSALIA COVER
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17240 SW 77TH CT
C/O ROSALIA COVER
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-2105776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVER, ROSALIA
17240 SW 77TH CT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

COVER, ROSALIA SECY
17240 SW 77TH CT
MIAMI, FL 33157 US

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: ROSALIA COVER

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: COVER, ROSALIA,
Address: 17240 SW 77TH CT
City-St-Zip: MIAMI, FL 33157 US

Title: DP () Delete
Name: COVER, ENZO,
Address: 17240 SW 77TH CT
City-St-Zip: MIAMI, FL 33157 US

Title: DV () Delete
Name: COVER, MICHAEL,
Address: 17240 SW 77TH CT
City-St-Zip: MIAMI, FL 33157 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: COVER, ROSALIA DS
Address: 17240 SW 77TH CT
City-St-Zip: MIAMI, FL 33157 US

Title: DP (X) Change () Addition
Name: COVER, ENZO DP
Address: 17240 SW 77TH CT
City-St-Zip: MIAMI, FL 33157 US

Title: DV (X) Change () Addition
Name: COVER, MICHAEL E DV
Address: 14440 S.W. 85 AVENUE
City-St-Zip: MIAMI, FL 33158 US

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: ROSALIA COVER

DS

03/23/2009

Electronic Signature of Signing Officer or Director

Date