

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F77174

FILED
Apr 28, 2009
Secretary of State

Entity Name: GASTON SUAREZ & ASSOCIATES INC.

Current Principal Place of Business:

1890 N W 96 AVENUE
MIAMI, FL 331722317

New Principal Place of Business:

Current Mailing Address:

1890 N W 96 AVENUE
MIAMI, FL 331722317

New Mailing Address:

FEI Number: 59-2264902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, GASTON M.
301 PACIFIC RD
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

SUAREZ, GASTON M.
1890 NW 96 AVE.
MIAMI, FL 33172 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: GASTON M. SUAREZ

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PISCHNER, MARTA S
Address: 5800 SW 89TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: SUAREZ, GASTON M
Address: 1890 NW 96TH AVE
City-St-Zip: DORAL, FL 33172

Title: P () Delete
Name: SUAREZ, GUSTAVO G
Address: 9140 FOUNTAINBLEAU BLVD., APT. 401
City-St-Zip: MIAMI, FL 33172

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: GASTON M. SUAREZ

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date