

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H37486

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: SUAREZ HOUSING CORPORATION

## Current Principal Place of Business:

9950 PRINCESS PALM AVE.  
212  
TAMPA, FL 33619 US

## New Principal Place of Business:

## Current Mailing Address:

9950 PRINCESS PALM AVE.  
212  
TAMPA, FL 33619 US

## New Mailing Address:

FEI Number: 59-1594797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLINT, SARA  
6522 GUNN HWY  
TAMPA, FL 33625 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: CEO ( ) Delete  
Name: SUAREZ, ROBERT J  
Address: 15818 FAIRCHILD DR.  
City-St-Zip: TAMPA, FL

Title: PTAS ( ) Delete  
Name: CUNNINGHAM, DELTON  
Address: 9950 PRINCESS PALM AVE  
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete  
Name: LYNCH, PAUL  
Address: 101 E KENNEDY BLVD SUITE 2800  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: WHATLEY, RAY  
Address: 9950 PRINCESS PALM AVE  
City-St-Zip: TAMPA, FL 33619

Title: S (X) Change ( ) Addition  
Name: FLINT, SARA K  
Address: 6522 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33625

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: SARA K FLINT

S

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date