

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H42548

1. Entity Name
SUAREZ SERVICES, INC.



Principal Place of Business
9950 PRINCESS PALM AVE.
SUITE 212
TAMPA, FL 33619 US

Mailing Address
9950 PRINCESS PALM AVE.
SUITE 212
TAMPA, FL 33619 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06122006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2498293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT I. ANTLE
9950 PRINCESS PALM AVE.
SUITE 212
TAMPA, FL 33619

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SUAREZ, ROBERT J. ☐ Delete
STREET ADDRESS 9950 PRINCESS PALM AVE.
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME ANTLE, ROBERT I.
STREET ADDRESS 9950 PRINCESS PALM AVE.
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS HEDRICK, STEVEN W.
CITY-ST-ZIP 9950 Princess Palm Ave
Tampa, FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Suarez

Robert J. Suarez

6/12/06

813-664-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 JUN 14 PM 3:51

RECEIVED STATE
FILED 06/14/06



500076384765

06/20/06--01038--008 ☐ Change ☐ Addition