2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45554

FILED Mar 24, 2009 Secretary of State

Entity Nan	ne: SUCHM/	AN CORPORATE PARK, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1550 MADI	SUCHMAN I RUGA AVE. ABLES, FL 33				
Current Mailing Address:			New Mailing Address:		
1550 MADI	SUCHMAN F RUGA AVE. ABLES, FL 33				
FEI Number:	59-2776453	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
LAWRENCE E SUCHMAN 1550 MADRUGA AVE SUITE 230 CORAL GABLES, FL 33146 US			1550 MADŔUGA A	SUCHMAN, LAWRENCE E 1550 MADRUGA AVE SUITE 230 CORAL GABLES, FL 33146 US	
The above in the State		submits this statement for the p	ourpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE: LAWRENCE E SUCHMAN				03/24/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (SUCHMAN, CL 185 COCOPLU MIAMI, FL 33	JM ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V (SUCHMAN, DA 328 MINORCA CORAL GABLE	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS (SUCHMAN, LA 1550 MADRUG CORAL GABLE	6A AVE. #230	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	AST () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAWRENCE E SUCHMAN RΑ 03/24/2009

ZIMMY JR, JAMES F

1550 MADRUGA AVE STE 230

CORAL GABLES, FL 33146

Name:

Address:

City-St-Zip: