


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90106 012 ***150.00

DOCUMENT # J86125	
1. Entity Name SUTOL CORPORATION	

Principal Place of Business 1001 BRICKELL BAY DR., STE 1508 MIAMI, FL 33131 US	Mailing Address 3525 EAST GLENCOE STREET MIAMI, FL 33133 US
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2. Principal Place of Business 3525 EAST GLENCOE ST.	3. Mailing Address 3525 East Glencoe St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI FL
Zip 33133	Zip 33133
Country	Country USA



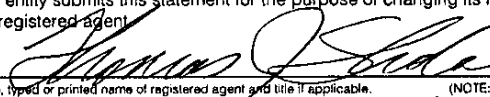
02032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent SKOLA, THOMAS J. 1001 BRICKELL BAY DR., STE 1508 MIAMI, FL 33131	
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4. FEI Number 59-2832312	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name SKOLA, THOMAS J.	
Street Address (P.O. Box Number is Not Acceptable) 100 Southeast Second Street, Suite 3300	
City MIAMI	FL Zip Code 33131-2148

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 	DATE 2/8/06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SKOLA, THOMAS J. 1001 BRICKELL BAY DR., STE 1508 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SKOLA, THOMAS J. 100 Southeast Second Street, Suite 3300 MIAMI, FL 33131-2148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUAY, GIL 1001 BRICKELL BAY DR., STE 1508 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Southeast Second Street, Ste. 3300 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRIGITTE, LECHANIOUR A 1001 BRICKELL BAY DR., STE 1508 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Southeast Second Street, SE 3300 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: BRIGITTE LE CHANTOUR 	Date Feb. 27, 2006	Daytime Phone # 305 856 3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		