2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48868

Title:

Name:

Address:

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

Entity Nan	ne: SUSY-MC	OR STONE CORP.			
Current Principal Place of Business:			New Principal Place	of Business:	
36 NE 1ST SUITE 1002 MIAMI, FL	2				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
36 NE 1ST SUITE 1002 MIAMI, FL	2				
FEI Number:	65-0170528	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CRUZ, FELIX D. 780 NW LEJUENE RD SUITE 427 MIAMI, FL 33126 US			WOLFSON SYLVIA 36 N.E. FIRST ST. SUITE 1002 MIAMI, FL 33132 US	36 N.E. FIRST ST.	
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: SYLVIA WOLFSON				03/23/2009	
	Electron	ic Signature of Registered Agen	t	Date	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MOREJON, RAI 36 NE 1ST ST S MIAMI, FL 331	STE 1002	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SAUREZ, WALT 36 NE 1ST ST S MIAMI, FL		Title: Name: Address: City-St-Zip:	() 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SYLVIA WOLFSON VΡ 03/23/2009

() Delete

WOLFSON, HERBERT,

MIAMI, FL

36 NE 1ST ST STE 1002

() Change () Addition