


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90084 018 ***150.00

DOCUMENT # L54450 1. Entity Name SUSY INC.					
Principal Place of Business 6281 FLORIDIAN CIR LAKE WORTH, FL 33463 US			Mailing Address 6281 FLORIDIAN CIR LAKE WORTH, FL 33463 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03252004 Chg-P CR2E034 (10/03)	
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELMEDICO, REBECCA J 14 TARA LAKES DR. EAST BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name <u>Del Medico, Rebecca J</u> Street Address (P.O. Box Number is Not Acceptable) <u>6281 Floridian Circle</u> City <u>LAKE WORTH</u> FL Zip Code <u>33463</u>		
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 <u>Rebecca J Del Medico</u> DATE <u>4/13/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UNDERKOFFLER, HELEN R 14 TARA LAKES DRIVE EAST BOYNTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Underkoffler, Helen R 6281 Floridian Cir. LAKE WORTH, FL 33463	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Helen Underkoffler</u> DATE <u>4-13-04</u> DAYTIME PHONE # <u>561-964-6622</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					