


2009
~~2008~~ **FOR PROFIT CORPORATION ANNUAL REPORT**

FILED

2009 FEB 27 A 9:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M82383		
1. Entity Name ELBA LUCY SUAREZ, INC.		

Principal Place of Business 217 WESTON ESTATES WAY MORRISVILLE, NC 27560	Mailing Address 217 WESTON ESTATES WAY MORRISVILLE, NC 27560
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DO NOT WRITE IN THIS SPACE

02192008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0088128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent

RICARDO, EDWIN
 330 CAMILO AVENUE
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, ELBA LUCY 217 WESTON ESTATES WAY MORRISVILLE, NC 27560
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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: Elba Lucy Suarez **2/17/09** (919) 678-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #