

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002673

FILED
Apr 15, 2009
Secretary of State

Entity Name: SUCEDE, INC.

Current Principal Place of Business:

1548 BRICKELL AVE.
2ND FLOOR
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1541 BRICKELL AVE.
APT. #1003
MIAMI, FL 33129

New Mailing Address:

FEI Number: 51-0460145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSE I. PADIAL, PA
2600 S. DOUGLAS ROAD
PH 6
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LLOSA, CAROLINA
Address: 1541 BRICKELL AVE., APT. #1003
City-St-Zip: MIAMI, FL 33129

Title: TD () Delete
Name: NORIEGA, JULIO
Address: 1541 BRICKELL AVE., APT. #1003
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: RABINOWITZ, CARLE
Address: 511 MALAGA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LLOSA, ALFREDO
Address: LAS MAGNOLIAS 295, BARANACO
City-St-Zip: LIMA 4, PERU,

Title: D () Delete
Name: SALAZAR, LUIS F
Address: 1548 BRICKELL AVE., 2ND FLOOR
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINA LLOSA

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date