

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000057053					
1. Entity Name SUSEMIN OF FLORIDA SERVICES AND SUPPLIES C.A. INC.					
Principal Place of Business 7655 SW 153 CT #201 MIAMI, FL 33193			Mailing Address 7655 SW 153 CT #201 MIAMI, FL 33193		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 36-4506407			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COBOS, JESUS A 7655 SW 153 CT #201 MIAMI, FL 33193			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PM FONSECA, ANTONIO P 3670 SW 153 CT MIAMI, FL 33185		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000454032 03/14/06-80046--001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAREJA, CARMEN S 3670 SW 153 CT MIAMI, FL 33185		☐ Delete	Change ☐ Addition ☐	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐		☐ Delete	Change ☐ Addition ☐	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐		☐ Delete	Change ☐ Addition ☐	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐		☐ Delete	Change ☐ Addition ☐	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐		☐ Delete	Change ☐ Addition ☐	Change ☐ 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 02/23/06 Daytime Phone #: _____		