


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000057053 1. Entity Name SUSEMIN OF FLORIDA, INC.	
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Principal Place of Business 3670 SW 154 COURT MIAMI, FL 33185	Mailing Address 3670 SW 154 COURT MIAMI, FL 33185
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DO NOT WRITE IN THIS SPACE



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4506407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PAREJA, ANTONIO
3670 SW 154 COURT
MIAMI, FL 33185

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IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAREJA, ANTONIO 3670 SW 153 CT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAREJA, CARMEN S 3670 SW 153 CT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAREJA, JOSE 3670 SW 154 COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAREJA, OMAR 3670 SW 154 COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAREJA, CARLOS 3670 SW 154 COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000597598
01/24/07-80043-005 150.00

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IN THIS SPACE**

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:  **01/17/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #