2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000057053

SUSÉMIN OF FLORIDA, INC.



FILED Feb 19, 2008 08:00 AM Secretary of State

Principal Place of Business

3670 SW 154 COURT MIAMI, FL 33185

Mailing Address

3670 SW 154 COURT MIAMI, FL 33185



DO NOT WRITE IN THIS SPACE

4. FEI Number

01202008

CR2E034 (11/05)

36-4506407

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAREJA, ANTONIO 3670 SW 154 COURT MIAMI, FL 33185

DO NOT WRITE IN THIS SPACE

No Chg-P

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the obligat	named entity submits this statement for the price of registered agent.	urpose of changing its registere	id office or reg	pistered agent, or bo	th, in the State of Florida	. I am familiar with, a	ind accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	i Agent signature re	quired when reinstating)		DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing .	\$5.00 May Be Added to Fees			
.10.	OFFICERS AND DIREC	TORS		Jan James	ing de apart		, a si se
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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				:U0000083 02/27/08-80	2925 078-016 .150	.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAREJA, JOSE 3670 SW 154 COURT MIAMI, FL 33185			DO	NOT WR	İΤΕ	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAREJA, CARLOS 3670 SW 154 COURT MIAMI, FL 33185						
TITLE	170 · 170						njer i elij

12. I hereby certify that the information supplied with this filling 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 amaderess, with all other like empowered.

SIGNATURE:

STREET ADDRESS

NTED NAME OF SIGNING OFFICER OR DIRECTOR