

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104943

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: SUCLINCA CORPORATION

**Current Principal Place of Business:**

4743 W IRLO BRONSON HWY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

4743 W IRLO BRONSON HWY  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 48-1302782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VELAQUEZ, JOSE  
4743 W IRLO BRONSON HWY  
KISSIMMEE, FL 34746

**Name and Address of New Registered Agent:**

VELASQUEZ, JOSE  
4743 W IRLO BRONSON HWY  
KISSIMMEE, FL 34746

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: JOSE VELASQUEZ

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VELASQUEZ, JOSE  
Address: 4743 W IRLO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: OCHOA, ANGEL  
Address: 4743 W IRLO BRONSON WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete  
Name: ACURERDO, ADI  
Address: 4743 W IRLO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 34746

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE VELASQUEZ

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date