


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90187 019 \*\*\*150.00

<b>DOCUMENT # P02000109601</b>	
<b>1. Entity Name</b> SUAREZ & SUAREZ ENTERPRISES, INC.	

<b>Principal Place of Business</b> 8405 PORTAGE AVE TAMPA, FL 33647	<b>Mailing Address</b> 8405 PORTAGE AVE TAMPA, FL 33647
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<b>2. Principal Place of Business</b> 743 E. Edgewood Dr.	<b>3. Mailing Address</b> 743 E. Edgewood Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Lakeland FL	<b>City &amp; State</b> Lakeland FL
<b>Zip</b> 33803	<b>Country</b> FL



04252005 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 16-1632330	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SUAREZ, ANGELA M 8405 PORTAGE AVE TAMPA, FL 33647
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<b>7. Name and Address of New Registered Agent</b>  Name: Suarez, Angela Street Address (P.O. Box Number is Not Acceptable): 743 E. Edgewood Dr. City: Lakeland FL Zip Code: 33803
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<b>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.</b>  SIGNATURE: <u>Angela M. Suarez</u> <span style="float: right;">4/25/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTA: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, ANGELA M 8405 PORTAGE AVE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUAREZ, WILLIAM 8405 PORTAGE AVE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Angela M. Suarez 4/25/05