2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State
02-20-2007 90056 002 ***150.00

DOCUMENT # P02000113713

1. Entity Name
SUWANA, INC.

Principal Place of Business	Mailing Address
2571 N. HIATUS RD. COOPER CITY, FL 33026	2571 N. HIATUS RD. COOPER CITY, FL 33026

40021749

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number 11-3661960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAWASUWAN, VISUT 1865-79 ST CSWY NO 4J NORTH BAY VILLAGE, FL 33141	Name HAWASUWAN, VISUT Street Address (P.O. Box Number is Not Acceptable) 3935 FERN FOREST ROAD, City COOPER CITY FL Zip Code 33026

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 x V. Ha (signature) 2.14-07

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, 2007 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	PD HAWASUWAU, VISUT 1865-79 ST CSWY, UNIT 4J NORTH BAY VILLAGE, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAWASUWAN, VISUT 3935 FERN FOREST ROAD COOPER CITY, FL 33026	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: x V. Hay (signature) VISUT HAWASUWAN 2.14.07 (954) 704-9006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #