APPROVED
AND
FILED

06 JUN 12 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000009515

1. Entity Name
SUYAPA CORP.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05-06

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7779 W 25TH AVE	Same
Suite, Apt. #, etc. #2	Suite, Apt. #, etc.
City & State Hialeah FL	City & State
Zip 33016 Country USA	Zip Country

4. FEI Number 20-5006164 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name YOANI GARCIA

Street Address (P.O. Box Number is Not Acceptable)

2640 W 52nd PL

City Hialeah FL Zip Code 33016

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending) DATE

500076431795
06/21/06--01031--016 **300.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOANI GARCIA
STREET ADDRESS	2640 W 52nd PL
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	VP
NAME	FREDDY C ROQUE
STREET ADDRESS	5619 W 28TH AVE
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

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

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **SUYAPA CORP.**

Thank you for your courtesy in this matter.

YOANI GARCIA
PRESIDENTE