2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State 02-18-2008 90019 032 ***150.00

DOCUMENT # P03000139253 1. Entity Name SUB SUB SUB, INC.					QUUSIA -					
1563 N DIX POMPANO E	BEACH, FL 33064 US		1563 N DIXIE HIGHWAY POMPANO BEACH, FL 33064							
Principal Place of Business - No P.O. Box # 3. Mailing Address								III II		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01242008	Chg-P	CR2E034	(12/06)	•	
City & State		City & State	City & State		4. FEI Number 73-1686	657			plied For t Applicable	
Zip	Country	Zip	Countr	У	5. Certificate o	Status Desired		3.75 Add e Require		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Age	ent		
PHILLIPS, JANET 1563 N DIXIE HIGHWAY POMPANO BEACH, FL 33064				Name Street Address (P.O. Box Number is Not Acceptable)						
			}	City	 		FL	Zip Code	9	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0		.00 May Be led to Fees							
			11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DI	RECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHILLIPS, JANET 1563 N DIXIE HIGHWAY		TITLE NAME STREET CITY-S	T ADORESS ST-ZIP	☐ Change ☐ Additio				☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHILLIPS, JANET 1563 N DIXIE HIGHWAY		TITLE NAME STREET CITY-S	ADDRESS ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete PHILLIPS, JANET 1563 N DIXIE HIGHWAY POMPANO BEACH, FL 33064		TITLE NAME STREET CITY-S	ADORESS ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS it-zip] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				Change	_ Addition	
NAME STREET ADDRESS CITY-ST-ZHP		☐ Delete	TITLE NAME STREET CITY-S	ADDAESS I-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:

2-13-08
974-941-7565

My .