## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000076231

Entity Name: SOUSA, INC

FILED Apr 29, 2006 Secretary of State

Entity Nar	me: SOUSA,	INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
4537 PON MIAMI, FL	CE DE LEON 33146	BLVD, #102			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1428 BRICKELL AVE PENTHOUSE MIAMI, FL 33131			436 ALMERIA AVE CORAL GABLES, FI	436 ALMERIA AVE CORAL GABLES, FL 33134	
FEI Number:	: 13-4284469	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	R, JULIAN H E: KELL AVE PE 33131 US		MARINA, BERBERIA 436 ALMERIA AVE CORAL GABLES, FI		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE: MARINA BERBERIAN				04/29/2006	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BERBERIAN, N	DE LEON BLVD, #102	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BARISTA, JULI	DE LEON BLVD, #102	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BERBERIAN, N	DE LEON BLVD, #102	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	AS (X KREEGER. JU	) Delete LIAN H	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: MARINA BERBERIAN P 04/29/2006

4537 PONCE DE LEON BLVD, #102

CORAL GABLES, FL 33146

Address:

City-St-Zip: