2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006
Secretary of State

DOCUMENT# P04000081005

Entity Name: SUAZO INTERIORS, INC.

Current Principal Place of Business:

645 LASALLE DR
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2704 HIGHLAND AVE
APOPKA, FL 32712

Current Mailing Address:

645 LASALLE DR
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

2704 HIGHLAND AVE
APOPKA, FL 32712

FEI Number: 37-1491335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUAZO, SANTIAGO D
645 LASALLE DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SUAZO, SANTIAGO D
2704 HIGHLAND AVE
APOPKA, FL 32712 US

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.

SIGNATURE: SANTIAGO SUAZO 05/16/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SUAZO, SANTIAGO D
Address: 645 LASALLE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete
Name: SUAZO, RACHEL
Address: 645 LASALLE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SUAZO, SANTIAGO D
Address: 2704 HIGHLAND AVE
City-St-Zip: APOPKA, FL 32712

Title: T (X) Change ( ) Addition
Name: SUAZO, RACHEL
Address: 2704 HIGHLAND AVE
City-St-Zip: APOPKA, FL 32712

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.

SIGNATURE: SANTIAGO SUAZO D 05/16/2006
Electronic Signature of Signing Officer or Director Date