

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094158

**FILED**  
**Jun 27, 2009**  
**Secretary of State**

**Entity Name:** SUS STAR INC.

**Current Principal Place of Business:**

7953 HIGHWAY 90  
SNEADS, FL 32460

**New Principal Place of Business:**

**Current Mailing Address:**

7953 HIGHWAY 90  
SNEADS, FL 32460

**New Mailing Address:**

4652 RIVER DR  
MARIANNA, FL 32446

**FEI Number:** 77-0638528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALMASWARI, SAMI A  
4652 RIVER DR  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALMASWARI, SAMI A  
Address: 5246 RIVER DR  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SAMI ALMASWARI

SA

06/27/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date