

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120477

FILED
Apr 05, 2008
Secretary of State

Entity Name: SUSANA'S LUNCH BOX, INC.

Current Principal Place of Business:

2700 24TH STREET
WEST LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

2700 24TH STREET
WEST LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-3387423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, YOLANDA
2700 24TH STREET
WEST LEHIGH ACRES, FL 33971 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: ROJAS, YOLANDA
Address: 2700 24TH STREET
City-St-Zip: WEST LEHIGH ACRES, FL 33971

Title: VP () Delete
Name: MILNER, VERONICA
Address: 2700 24TH STREET
City-St-Zip: WEST LEHIGH ACRES, FL 33971

Title: T () Delete
Name: ROJAS, YOLANDA
Address: 2700 24TH STREET
City-St-Zip: WEST LEHIGH ACRES, FL 33971

Title: S () Delete
Name: MILNER, VERONICA
Address: 2700 24TH STREET
City-St-Zip: WEST LEHIGH ACRES, FL 33971

Title: D () Delete
Name: ROJAS, YOLANDA
Address: 2700 24TH STREET
City-St-Zip: WEST LEHIGH ACRES, FL 33971

Title: D () Delete
Name: MILNER, VERONICA
Address: 2700 24TH STREET
City-St-Zip: WEST LEHIGH, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: YOLANDA ROJAS

P

04/05/2008

Electronic Signature of Signing Officer or Director

_____ Date