

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157519

Entity Name: SUENCARGO CORP.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

215 LAKEVIEW DRIVE #101  
WESTON, FL 33326

## New Principal Place of Business:

318 INDIAN TRACE  
219  
WESTON, FL 33326

## Current Mailing Address:

318 INDIAN TRACE  
219  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 20-3879705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, JUAN PABLO  
215 LAKEVIEW DRIVE #101  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

LOPEZ, JUAN PABLO  
318 INDIAN TRACE.  
SUITE 219  
WESTON, FL 33326 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JARAMILLO, MARIA F  
Address: 215 LAKEVIEW DRIVE #101  
City-St-Zip: WESTON, FL 33326

Title: VSD ( ) Delete  
Name: LOPEZ, JUAN PABLO  
Address: 215 LAKEVIEW DRIVE #101  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JARAMILLO, MARIA F  
Address: 318 INDIAN TRACE. SUITE 219  
City-St-Zip: WESTON, FL 33326

Title: VSD (X) Change ( ) Addition  
Name: LOPEZ, JUAN PABLO  
Address: 318 INDIAN TRACE. SUITE 219  
City-St-Zip: WESTON, FL 33326

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: JUAN PABLO LOPEZ

VSD

04/27/2009

Electronic Signature of Signing Officer or Director

Date