

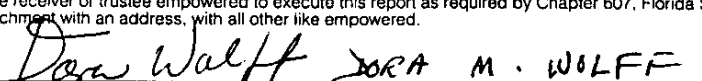
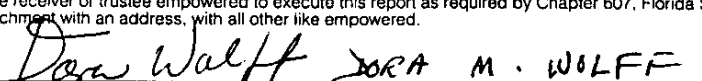
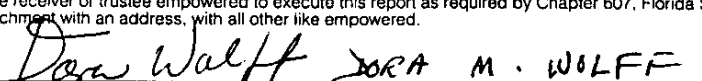


03-02-2006 90010 026 ***150.00

DOCUMENT # P05000168149						Secretary of State 03-02-2006 90010 026 ***150.00																																	
1. Entity Name SUENOS, INC.																																							
Principal Place of Business 37155 JANET CIRCLE DADE CITY, FL 33525		Mailing Address 37155 JANET CIRCLE DADE CITY, FL 33525																																					
2. Principal Place of Business		3. Mailing Address																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State		City & State																																					
Zip		Country		Zip		Country																																	
6. Name and Address of Current Registered Agent NEWLON, JONATHAN W 12731 TIMBER RUN DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																							
<table style="width: 100%;"><tr><td style="width: 15%;">SIGNATURE:</td><td style="width: 55%; text-align: center;"></td><td style="width: 15%; text-align: center;">02-10-06</td><td style="width: 15%;"></td></tr><tr><td colspan="4" style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td></tr></table>								SIGNATURE:		02-10-06		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
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