

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168149

Entity Name: SUENOS, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

37155 JANET CIRCLE
DADE CITY, FL 33525

New Principal Place of Business:

36644 LAKE PASADENA ROAD
DADE CITY, FL 33525

Current Mailing Address:

37155 JANET CIRCLE
DADE CITY, FL 33525

New Mailing Address:

36644 LAKE PASADENA ROAD
DADE CITY, FL 33525

FEI Number: 20-4003054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWLON, JONATHAN W
12146 CURLEY STREET
SAN ANTONIO, FL 33576 US

Name and Address of New Registered Agent:

WOLFF, THOMAS S
36644 LAKE PASADENA ROAD
DADE CITY, FL 33525 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: THOMAS S WOLFF

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLFF, THOMAS S
Address: 366644 LAKE PASADENA RD.
City-St-Zip: DADE CITY, FL 33525

Title: SD () Delete
Name: WOLFF, DORA M
Address: 36644 LAKE PASADENA RD.
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS S WOLFF

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date