


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-12-2008 90017 008 ***150.00

DOCUMENT # P06000024982 1. Entity Name SUERO ORAL INC.	
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Principal Place of Business 3795 W 18 AVENUE HIALEAH, FL 33012	Mailing Address 3795 W 18 AVENUE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

66003835



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1166337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**PEREZ, ALBERTO L MR
6500 NW35TH. AVE.
MIAMI, FL 33147**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PEREZ, ALBERTO L 3795 W 18 AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MORIYON, ESTEBAN 12780 SW 26 STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS PEREZ, JR., ALBERTO 6500 NW 35 TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Esteban Moriyon 23/10/08 (305) 696 7716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #