
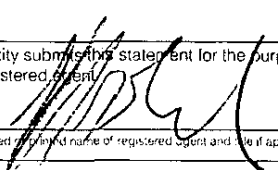
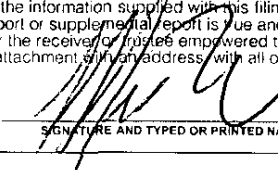


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90215 002 ***150.00

DOCUMENT # P06000058390					
1. Entity Name SUMA CONSULTING & INVESTMENTS, INC.					
Principal Place of Business 807 NE 199 ST 104 NORTH MIAMI BEACH, FL 33179			Mailing Address 807 NE 199 ST 104 NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business - No P.O. Box # 2221 MARINER CT		3. Mailing Address 2221 MARINER CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DANIA BEACH, FL		City & State DANIA BEACH, FL		4. FEI Number 20-4774933	
Zip 33312		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03062008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RODRIGUEZ, MAURICIO R 807 NE 199 ST 104 NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2221 MARINER CT City DANIA BEACH FL Zip Code 33312		
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:  MAURICIO RODRIGUEZ, PRES. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RODRIGUEZ, MAURICIO R STREET ADDRESS 807 NE 199 ST # 104 CITY - ST - ZIP NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2221 MARINER CT CITY - ST - ZIP DANIA BEACH, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VASQUEZ, MARIA T STREET ADDRESS 807 NE 199 ST # 104 CITY - ST - ZIP NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2221 MARINER CT CITY - ST - ZIP DANIA BEACH, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			MAURICIO RODRIGUEZ, PRES.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			(954) 540-0087		