

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90856 028 \*\*\*150.00

**DOCUMENT # P06000101091**

1. Entity Name  
SUINSERCA, INC



Principal Place of Business

10109 SHALLOW MARSH CT  
ORLANDO, FL 32832

Mailing Address

10109 SHALLOW MARSH CT  
ORLANDO, FL 32832

2. Principal Place of Business - No P.O. Box #

9434 MYRTLE CREEK LN

3. Mailing Address

9434 MYRTLE CREEK LN

Suite, Apt. #, etc.

APT 906

Suite, Apt. #, etc.

APT 906

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32832-5986

Country

U.S.A

Zip

32832-5986

Country

U.S.A.

04272007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5313145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALJABER, ANZAF  
10109 SHALLOW MARSH CT  
ORLANDO, FL 32832

7. Name and Address of New Registered Agent

Name ALJABER, ANZAF

Street Address (P.O. Box Number is Not Acceptable)

9434 MYRTLE CREEK LN APT 906

City

ORLANDO, FLORIDA

FL

Zip Code

32832-5986

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ALJABER, ANZAF ☐ Delete  
STREET ADDRESS 10109 SHALLOW MARSH CT  
CITY-ST-ZIP ORLANDO, FL 32832

TITLE VP  
NAME MORENO, JOSE ☐ Delete  
STREET ADDRESS 10109 SHALLOW MARSH CT  
CITY-ST-ZIP ORLANDO, FL 32832

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME ALJABER, ANZAF  
STREET ADDRESS 9434 MYRTLE CREEK LN, APT. 906  
CITY-ST-ZIP ORLANDO, FLORIDA 32832

TITLE VP ☒ Change ☐ Addition  
NAME CORREDOR JOSE  
STREET ADDRESS 9434 MYRTLE CREEK LN APT 906  
CITY-ST-ZIP ORLANDO, FLORIDA 32832

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #