
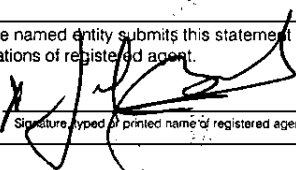
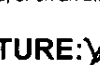


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90027 003 ***150.00

DOCUMENT # P06000120259					
1. Entity Name SUMACHUASI, INC.					
Principal Place of Business 9647 SW FLOWERMOUND CIR. PORT ST. LUCIE, FL 34987			Mailing Address 9647 SW FLOWERMOUND CIR. PORT ST. LUCIE, FL 34987		
2. Principal Place of Business - No P.O. Box # 9674 SW FLOWERMOUND CIR		3. Mailing Address 9674 SW FLOWERMOUND CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St Lucie, FL		City & State Port St Lucie		4. FEI Number 20-5604861	
Zip 34987		Country St Lucie		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BALTA, PATRICIA 828 NW RUTHERFORD CT. PORT ST. LUCIE, FL 34983			7. Name and Address of New Registered Agent Name DE MARZI, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 9674 SW FLOWERMOUND CIR City Port St Lucie FL Zip Code 34987		
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  PATRICIA DE MARZI, Director 04/27/2007 <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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D BALTA, PATRICIA 828 NW RUTHERFORD CT. PORT ST. LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MARZI, PATRICIA 9674 SW FLOWERMOUND CIR Port St Lucie, FL 34987	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARSALLO, JULIO C. 828 NW RUTHERFORD CT. PORT ST. LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARSALLO, JULIO C. 9674 SW FLOWERMOUND CIR Port St Lucie, FL 34987	
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: 			PATRICIA DE MARZI 04/27/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		