

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120259

Entity Name: SUMACHUASI, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

9674 SW FLOWERMOUND CIR
PORT SAINT LUCIE, FL 34987

New Principal Place of Business:

5383 NW DELL CT
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

9674 SW FLOWERMANO CIR
PORT SAINT LUCIE, FL 34987

New Mailing Address:

5383 NW DELL CT
PORT SAINT LUCIE, FL 34986

FEI Number: 20-5604861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMARZI, PATRICIA
9674 SW FLOWERMOUND CIR
PORT ST LUCIA, FL 34987 US

Name and Address of New Registered Agent:

DEMARZI, PATRICIA
5383 NW DELL CT
PORT ST LUCIE, FL 34986 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:

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE MARZI, PATRICIA
Address: 9674 SW FLOWERMOUND CIR
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D () Delete
Name: BARSOLLO, JULIO C
Address: 9674 SW FLOWERMOUND CIR
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DE MARZI, PATRICIA
Address: 5383 NW DELL CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D (X) Change () Addition
Name: BARSALLO, JULIO C
Address: 5383 NW DELL CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: PATRICIA DE MARZI

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date