


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2008 8:00 am**  
**Secretary of State**

06-13-2008 90001 024 \*\*\*150.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # P07000093787</b><br>1. Entity Name<br><b>SUSANA CORP.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>540 WEST AVE<br/>2214<br/>MIAMI BEACH, 33139</b>   |   |  | Mailing Address<br><b>540 WEST AVE<br/>2214<br/>MIAMI BEACH, 33139</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1521 Alton Rd</b>   |   | 3. Mailing Address<br><b>1521 Alton Rd.</b>  |   |   |  |
| Suite, Apt. #, etc.<br><b>520</b>  |   | Suite, Apt. #, etc.<br><b>520</b>  |   |   |  |
| City & State<br><b>Miami FL</b>  |   | City & State<br><b>Miami Beach FL</b>  |   | 4. FEI Number<br><b>26-0747775</b>  |  |
| Zip<br><b>33139</b>  |   | Country<br><b>U.S.</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HENRIQUES, SUSANA<br/>540 WEST AVE.<br/>2214<br/>MIAMI BEACH, FL 33139</b>   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1521 Alton Rd # 520</b><br>City<br><b>Miami Beach FL</b> Zip Code<br><b>33139</b> |   |  |
| 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.<br>SIGNATURE <u><i>Susana</i></u> <b>President</b> DATE <b>6/10/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>HENRIQUES, SUSANA<br>540 WEST AVE. APT # 2214<br>MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1521 Alton Rd # 520<br>Miami Beach FL 33139                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>Susana</i></u> DATE <b>6/10/08</b> (786) 443-8455<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |   |   |  |

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