

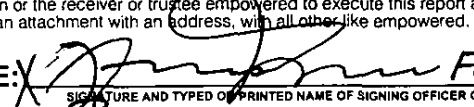


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90184 010 \*\*\*150.00

<b>DOCUMENT # P07000093788</b> 1. Entity Name <b>SUFKA EQUITIES, INC</b>																	
Principal Place of Business <b>1913 E. BEARSS AVE. SUITE 500 TAMPA, FL 33613 US</b>			Mailing Address <b>1913 E. BEARSS AVE. SUITE 500 TAMPA, FL 33613 US</b>														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country															
4. FEI Number 02262008 Chg-P CR2E034 (12/06)				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>HENSLEY, PATTY J 214 CRYSTAL GROVE BLVD LUTZ, FL 33548</b>													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P SUFKA, FRANK J</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1913 E BEARSS AVE, SUITE 500</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA, FL 33613</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P SUFKA, FRANK J	<input type="checkbox"/> Delete	NAME	1913 E BEARSS AVE, SUITE 500		STREET ADDRESS	TAMPA, FL 33613		CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
SIGNATURE:  <b>FRANK SUFKA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/26/08</b> <small>Date</small>		Daytime Phone #: <b>813-632-8070</b> <small>Daytime Phone #</small>													