

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP 20 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019437

1. Entity Name
CARLOS SUAREZ-BURGOS, INC.



Principal Place of Business

6619 S DIXIE HWY
#349
MIAMI, FL 33143

Mailing Address

6619 S DIXIE HWY
#349
MIAMI, FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0566432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ-BURGOS, CARLOS
102 S.W. 19TH RD.
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name Carmen Gatto - RA - Inc
Street Address (P.O. Box Number is Not Accepted) 9572 SW 57th Street
MIAMI FL 33173
City MIAMI State FL Zip Code 33173

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME SUAREZ-BURGOS, CARLOS
STREET ADDRESS 6619 DIXIE HWY #349
CITY-ST-ZIP MIAMI, FL 33149

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 700060212767
STREET ADDRESS 10/04/05--01046--017 **550.00
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME Eckel SEP 20 2005
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 exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q-3105

Date

Daytime Phone #

(305)
7854123