2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIG

Apr 01, 2004 8:00 am **Secretary of State** DOCUMENT # P96000060648 1. Entity Name 04-01-2004 90029 047 ***150.00 SUCARRO INTERIORS, INC. Principal Place of Business Mailing Address 4404700. 7635 SOUTHAMPTON TERRACE 7635 SOUTHAMPTON TERRACE SUITE 304 SUITE 304 FORT LAUDERDALE FL 33321 FORT LAUDERDALE FL 33321 CR2E034 (11/03) 260 4. FEI Number Applied For 65-0682152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAZAR, ROZ SUCARRO INTERIORS INC 7635 SOUTHAMPTON TERR, SUITE 304 FORT LAUDERDALE FL 33321 MTation 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DΡ Delete TITLE Change ☐ Addition ROZ LAZAR, ROZ NAME NAME 260 Cleary Blud, #2601 7635 SOUTHAMPTON TERR, #304 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33321 CITY-ST-7/P CITY-ST-7/P TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TIT! F ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen with an address, with all other like empowered

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