


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90152 047 ***150.00

DOCUMENT # P96000060648 1. Entity Name SUCARRO INTERIORS, INC.							
Principal Place of Business 6133 BALBOA CIRCLE #305 BOCA RATON, FL 33433 US		Mailing Address 6133 BALBOA CIRCLE SUITE 305 BOCA RATON, FL 33433 US					
2. Principal Place of Business 6133 BALBOA CIRCLE Suite, Apt. #, etc. 305		3. Mailing Address 6133 BALBOA CIRCLE Suite, Apt. #, etc. 305					
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.					
Zip 33433	Country USA	Zip 33433	Country USA				
4. FEI Number 65-0682152		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LAZAR, ROZ 8260 CLEARY BLVD. #200T PLANTATION, FL 33324 SUITE 305		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 <u><i>Roz Lazar, President</i></u> DATE <u>6/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LAZAR, ROZ 8260 CLEARY BLVD. #200T PLANTATION, FL 33324 FL 33433 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LAZAR, ROZ 8260 CLEARY BLVD. #200T PLANTATION, FL 33324 FL 33433	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP 6133 BALBOA CIRCLE SUITE 305 BOCA RATON, FL. 33433 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP 6133 BALBOA CIRCLE SUITE 305 BOCA RATON, FL. 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Roz Lazar</i></u> / ROZ LAZAR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6/2/06</u> Daytime Phone # <u>561-361-9989</u>					

50020885



05302006 Chg-P CR2E034 (11/05)