


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


<b>DOCUMENT # P97000089665</b> 1. Entity Name <b>SUNA INVESTMENT, INC.</b>	
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Principal Place of Business <b>106 NW 11 AVE. FT. LAUDERDALE, FL 33311</b>	Mailing Address <b>106 NW 11 AVE. FT. LAUDERDALE, FL 33311</b>
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  <b>ABUDAOUD, SULAIMAN A 106 NW 11 AVE. FT. LAUDERDALE, FL 33311</b>
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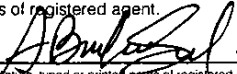
**FILED**  
**07 SEP 19 AM 1:49**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



09142007 No Chg-P CR2E034 (11/05) **07**

4. FEI Number <b>65-0790684</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

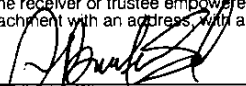
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDVS ABUDAOUD, SULAIMAN A 106 NW 11 AVE. FT. LAUDERDALE, FL 33311</b>
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**09/20/07--01002--012 \*\*750.00**

**DO NOT WRITE  
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_