

FILED
Apr 28, 2003 8:00 am
Secretary of State

0284212 AV

DOCUMENT #
1. Entity Name
SUITE SWEEPS, INC.

P98000004285

Seal of the State of Florida

04-28-2003 91495 020 ***150.00

Principal Place of Business
6170 N.W. 74 AVENUE
MIAMI FL 33166

Mailing Address
6170 N.W. 74 AVENUE
MIAMI FL 33166

Barcode

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2540 West 84 Street
Suite, Apt. #, etc.
Suite #3A
City & State
Hialeah, FL
Zip
33016
Country
Dade

3. Mailing Address
2540 West 84 Street
Suite, Apt. #, etc.
Suite #3A
City & State
Hialeah
Zip
33016
Country
Dade

4. FEI Number
65-0805505

Applied For
Not Applicable

5. Certificate of Status Desired

Additional Fee Required
\$8.75

6. Name and Address of Current Registered Agent
CASTRO, TAMARA
6170 N.W. 74 AVENUE
MIAMI FL 33166
2540 West 84 Street
Hialeah, FL 33016

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
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CASTRO, TAMARA
6170 N.W. 74 AVENUE
MIAMI FL 33166
2540 West 84 Street
Suite 3A
Hialeah, FL 33016
Delete
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
CASTRO, LAZARO
6170 N.W. 74 AVENUE
MIAMI FL 33166
2540 West 84 Street
Suite 3A
Hialeah, FL 33016
Delete
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

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 all other like empowered.

SIGNATURE: TAMARA CASTRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

4-25-03 305-467-8296