

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000007434**  
 1. Entity Name  
**ABOUT FACE SISU, INC.**

Principal Place of Business: **112 ELLIOTT LANE WINTER HAVEN FL 33884**  
 Mailing Address: **112 ELLIOTT LANE WINTER HAVEN FL 33884**

2. Principal Place of Business: \_\_\_\_\_  
 3. Mailing Address: \_\_\_\_\_

Suite, Apt. #, etc.: \_\_\_\_\_  
 Suite, Apt. #, etc.: \_\_\_\_\_

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-3557869** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:  
**PALOMAKI, JARMO**  
**112 ELLIOTT LANE**  
**WINTER HAVEN FL 33884**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Delete NAME: PALOMAKI, JARMO M STREET ADDRESS: 112 ELLIOTT LANE CITY-ST-ZIP: WINTER HAVEN FL 33884		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	U00000276148 03/25/05-80028-012 150.00
TITLE: <input type="checkbox"/> Delete NAME: PALOMAKI, JACQUE L STREET ADDRESS: 112 ELLIOTT LANE CITY-ST-ZIP: WINTER HAVEN FL 33884		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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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: Jarmo M. Palomaki **JARMO M. PALOMAKI** 3-23-05 863-318-0566  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #