

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J34593

Entity Name: SUE ELLEN INK, INC.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

350 SOUTH COUNTY ROAD  
SUITE 105  
PALM BEACH, FL 334804250

**New Principal Place of Business:**

**Current Mailing Address:**

350 SOUTH COUNTY ROAD  
SUITE 105  
PALM BEACH, FL 334804250

**New Mailing Address:**

FEI Number: 59-2722367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KESSLER, ALAN MICHAEL  
350 SOUTH COUNTRY ROAD  
SUITE 105  
PALM BEACH, FL 334804250 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CLARFELD, SUE ELLEN  
Address: 350 SOUTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: VTP  
Name: KESSLER, ALAN MICHAEL  
Address: 350 SOUTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN MICHAEL KESSLER

VP

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date