

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2008 08:00 AM
Secretary of State**

DOCUMENT # M50590 1. Entity Name MICHAEL J. SWEETEN, INC.	
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Principal Place of Business C/O MICHAEL J. SWEETEN 5960 S.W. 33RD AVE. FT. LAUDERDALE, FL 33312	Mailing Address C/O MICHAEL J. SWEETEN 5960 S.W. 33RD AVE. FT. LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0001533	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent SWEETEN, MICHAEL J. 5960 S.W. 33RD AVE. FT. LAUDERDALE, FL 33312
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**DO NOT WRITE
IN THIS SPACE**

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 reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000915494 05/09/08-80017-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWEETEN, MICHAEL J. 5960 S.W. 33RD AVE. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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	4/20/08 954.981.7156 Date Daytime Phone #
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