

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90003 027 \*\*\*\*70.00

**DOCUMENT # N04000010246**

1. Entity Name  
CORPORATE AMERICA, SALUTES VETERANS, INC.



Principal Place of Business  
6300 COLLINS AVE #115  
MIAMI BEACH, FL 33141

Mailing Address  
6300 COLLINS AVE #115  
MIAMI BEACH, FL 33141

*2780 NW 152nd Terr*

**30024074**

2. Principal Place of Business  
*2780 N.W. 152nd Tr.*

3. Mailing Address  
*2780 N.W. 152nd Tr.*

Suite, Apt. #, etc.



07072006 Chg-NP CR2E037 (4/06)

City & State  
*OPA LOCKA FL*

City & State  
*OPA LOCKA FL*

Zip  
*33054*

Country  
*USA*

Zip  
*33054*

Country  
*USA*

4. FEI Number  
20-1839441

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUTTON, WALTER  
6300 COLLINS AVE #115  
MIAMI BEACH, FL 33141

*2780 NW 152nd Terr*

*OPA LOCKA FL 33054*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*2780 N.W. 152nd Terr*

City *OPA LOCKA* FL Zip Code *33054*

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 *Walter A. Sutton Jr.* DATE *07/11/06*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SUTTON, WALTER A JR 6300 COLLINS AVE #115 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LEWIS, JOYCE 6300 COLLINS AVE #115 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SELTON, BERNARD 6300 COLLINS AVE #115 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Walter A. Sutton Jr.* DATE *07/11/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR