## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000010246  1. Entity Name  CORPORATE AMERICA, SALUTES VETERANS, INC.				SECRETARY OF STATE DIVISION OF CALEBORATIONS  37 AUG 21 PM 2: 35		
Principal Plac	ne of Business	Mailing Address				
Principal Place of Business 2780 NW 152ND TR.		2780 NW 152ND TR.		08/01/07 90036	D18 \$1	6125
OPA LOCKA FL 33054		OPA LOCKA FL 33054		I I I I I I I I I I I I I I I I I I I		ANTI ALIFE
2. Principal F	Place of Business - No PO Box #	3. Mailing Address			<b>                                </b>	<b>   </b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE CR2E037 (4/07)		
City & State		City & State		4. FEI Number 20-1839441	<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe		
			Name		· · · ·	
SUTTON, WALTER 2780 NW 152ND TERR		Street Address		(PO Box Number is Not Acceptable)		
	A LOCKA FL 33054			<del></del>		
•						
			City		FL Zip Codi	le
	e named entity submits this statement to tions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	am familiar with,	and accept
STORTIN ONE	Signature, typed or printed name of registered agent					
	· · · · · · · · · · · · · · · · · · ·	rand title if applicable (NOTE	. Registered Agent signature requi	ired when reinstating) D	/1E	
	· · · · · · · · · · · · · · · · · · ·	a 7	npaign Financing	\$5.00 May Be Make CI	neck Payable partment of S	
	FILE NOW: FEE IS \$61.25 Due By September 5, 2007 OFFICERS AND DI	9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Be Make CI	neck Payable partment of S	State
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2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statuties. 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:

Note: 19, Florida Statutes. Turther certify that the information of the receiver as it made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered is 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.