


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-03-2006 90003 028 ****70.00

DOCUMENT # N04000010971

1. Entity Name
SALUTE VETERANS NOW, INC.



Principal Place of Business
**6300 COLLINS AVENUE
115
MIAMI BEACH, FL 33141**

Mailing Address
**6300 COLLINS AVENUE
115
MIAMI BEACH, FL 33141**

50024073



2. Principal Place of Business
2780 N.W. 152ND Terr.

3. Mailing Address
2780 N.W. 152ND Terr.

07072006 Chg-NP CR2E037 (4/06)

City & State
Opa - Locka, Florida

Zip
33054

Country
USA

4. FEI Number
20-2934580

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SUTTON, WALTER JR
6300 COLLINS AVENUE
115
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name
—

Street Address (P.O. Box Number is Not Acceptable)
2780 NW 152ND Terr

City
OPA LOCKA

FL
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 G. 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	D, P SUTTON, WALTER JR. 6300 COLLINS AVENUE; 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	D, S SELTON, BERNARD 6300 COLLINS AVENUE; 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	D, T LEWIS, JOYCE 6300 COLLINS AVENUE; 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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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 G. Sutton Jr** DATE **07/11/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR