

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

| | |
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| DOCUMENT # N04000010971 | |
| 1. Entity Name SALUTE VETERANS NOW, INC. | |



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 AUG 21 PM 2: 35

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|---|---|
| Principal Place of Business 2780 NW 152ND TERR OPA LOCKA FL 33054 | Mailing Address 2780 NW 152ND TERR OPA LOCKA FL 33054 |
|---|---|

08/01/07 90036 019 \$61.25



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

2nd MOORE CR2E037 (4/07)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent SUTTON, WALTER JR 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) City FL Zip Code | |
|--|--|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By September 5, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 Sutton* Walter Sutton 08/01/07 305-725-7262