

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010971

FILED  
Aug 20, 2008  
Secretary of State

**Entity Name:** SALUTE VETERANS NOW, INC.

**Current Principal Place of Business:**

2780 NW 152ND TERR  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

2780 NW 152ND TERR  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 20-2934580      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SUTTON, WALTER JR  
2780 NW 152ND TERR  
OPA LOCKA, FL 33054      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D, P      ( ) Delete  
Name: SUTTON, WALTER JR.  
Address: 6300 COLLINS AVENUE; 115  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D, S      ( ) Delete  
Name: SELTON, BERNARD  
Address: 6300 COLLINS AVENUE; 115  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D, T      ( ) Delete  
Name: LEWIS, JOYCE  
Address: 6300 COLLINS AVENUE; 115  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER A. SUTTON

D.P.

08/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date