

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N94000003898**

1. Entity Name  
**SUITED FOR SUCCESS, INC.**



Principal Place of Business  
**2650 SW 27TH AVE  
STE 302  
MIAMI, FL 33133 US**

Mailing Address  
**2650 SW 27TH AVE  
STE 302  
MIAMI, FL 33133 US**



02152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0508106**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TIFFORD, ARTHUR W ESQ  
1385 NW 15TH ST  
MIAMI, FL 33125**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, SONIA 2650 SW 27TH AVE #302 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, CHELSEA 2650 SW 27TH AVE #302 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSELMO, PAMELA 2650 SW 27TH AVE 3302 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000848724  
03/20/08-80029-011 70.00

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

Daytime Phone #