

DOCUMENT # N98000003624

1. Entity Name

SUCCESSFUL ENTERPRISE, INC.

Principal Place of Business

12400 SW 72ND STREET
MIAMI FL 33183

Mailing Address

12400 SW 72ND STREET
MIAMI FL 33183-2514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0848660

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

RODRIGUEZ, BARBARA
10060 NW 9TH STREET CIRCLE
UNIT 12
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name BARBARA RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
12400 S.W. 72 STREET
City MIAMI FL Zip Code 33183

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RODRIGUEZ, BARBARA	10060 NW 9TH STREET CIRCLE	MIAMI FL 33172	<input type="checkbox"/>
V	BLANCO, GLORIA	2165 SW 19 STREET	MIAMI FL 33145	<input type="checkbox"/>
S	BARRIOS, RENEE	5102 SW 139 PLACE	MIAMI FL 33145	<input type="checkbox"/>
D	GODOI, LIDIA	2520 SW 20 STREET	MIAMI FL 33145	<input type="checkbox"/>
D	CASS, BARBARA	13611 SW 75 ST	MIAMI FL 33183	<input type="checkbox"/>
D	MONTINO, JESUS	721 NE 74 STREET	MIAMI FL 33138	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
SECRETARY OF STATE
CORPORATIONS

00 DEC -7 PM 1:06

B0321468



DO NOT WRITE IN THIS SPACE

CH2037 (8/99)

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AD