

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000032993

1. Entity Name
SUIT YOURSELF ENTERPRISES, INC.



Principal Place of Business
**1440 N.E. 143RD STREET
NORTH MIAMI, FL 33161 US**

Mailing Address
**PO BOX 171901
HIALEAH, FL 33017**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0997420

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ST. ANGE, HELENE
1440 N.E. 143RD STREET
NORTH MIAMI, FL 33161**

**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 *Helene St. Ange* **Helene St. Ange**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/27/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000360971
05/05/05-80059-004 158.75**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ST. ANGE, HELENE**
STREET ADDRESS **1440 N.E. 143RD STREET**
CITY-ST-ZIP **NORTH MIAMI, FL 33161**

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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 607, 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: *Helene St. Ange* **HELENE ST. ANGE / PRESIDENT** 04/27/05 **(305) 219-3697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #