

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90046 001 \*\*\*150.00

**DOCUMENT # P03000068857**

1. Entity Name  
**MR. SULAMAN ENTERPRISE, INC.**



Principal Place of Business

6321 SW 4TH PL  
MARGATE, FL 33068 US

Mailing Address

6321 SW 4TH PL  
MARGATE, FL 33068 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs FL  
33067 USA

City & State

Coral Springs FL  
33067 USA



03122007

Chg-P

CR2E034 (12/06)

4. FEI Number

75-3120412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SULAMAN, MOHAMED  
6321 SW 4TH PL  
MARGATE, FL 33068

7. Name and Address of New Registered Agent

Name

Sulaman, Mohamed

Street Address (P.O. Box Number is Not Acceptable)

9055 Wiles Road

City

Coral Springs

FL

Zip Code

33067

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

Mohamed M. Sulaman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SULAMAN, MOHAMED ☐ Delete  
STREET ADDRESS 6321 SW 4TH PL  
CITY-ST-ZIP MARGATE, FL 33068

TITLE VP  
NAME SULAMAN, BEDI ☐ Delete  
STREET ADDRESS 6321 SW 4TH PL  
CITY-ST-ZIP MARGATE, FL 33068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Sulaman, Mohamed  
STREET ADDRESS 9055 Wiles Road  
CITY-ST-ZIP Coral Springs, FL 33067

TITLE VP ☒ Change ☐ Addition  
NAME Sulaman, Bedi  
STREET ADDRESS 9055 Wiles Road  
CITY-ST-ZIP Coral Springs, FL 33067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #