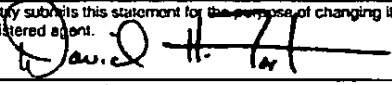
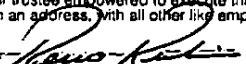


FILED
Mar 28, 2005 8:00 am
Secretary of State

02-24-2005 90037 034 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000103523			
1. Entity Name SUITE USA MANAGEMENT, INC.			
Principal Place of Business 4422 S.W. 85TH WAY GAINESVILLE, FL 32608 US		Mailing Address 4422 S.W. 85TH WAY GAINESVILLE, FL 32608 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1352499		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORT, DAVID 4422 S.W. 85TH WAY GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name: Reno Rubeis Street Address: 4422 SW 85th Way City: Gainesville FL Zip Code: 32608	
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:  DATE: 3-23-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CEO NAME: FORT, DAVID STREET ADDRESS: 4422 S.W. 85TH WAY CITY-ST-ZIP: GAINESVILLE, FL 32608		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: V. PRES. NAME: RUBEIS, RENO STREET ADDRESS: 9332 S.W. 33RD ROAD CITY-ST-ZIP: GAINESVILLE, FL 32608		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: PRES. NAME: FORT, JASON STREET ADDRESS: 4422 S.W. 85TH WAY CITY-ST-ZIP: GAINESVILLE, FL 32608		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: V. PRES. NAME: FORT-MOURO, MARIAH STREET ADDRESS: 5526 S.W. 81ST TERRACE CITY-ST-ZIP: GAINESVILLE, FL 32608		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: CFO NAME: WHITE, JOB E STREET ADDRESS: 10216 S.W. 49TH LANE CITY-ST-ZIP: GAINESVILLE, FL 32608		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: SEC/TREAS NAME: FORT, CLAUDIA STREET ADDRESS: 4422 SW 85th Way CITY-ST-ZIP: Gainesville, FL 32608		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
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:  DATE: 3-23-05 (352) 380-9600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			