

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085363

FILED  
Jun 26, 2007  
Secretary of State

Entity Name: DELRAY EXECUTIVE SUITES, INC.

## Current Principal Place of Business:

301 W ATLANTIC AVE  
SUITE O-5  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

## Current Mailing Address:

301 W ATLANTIC AVE  
SUITE O-5  
DELRAY BEACH, FL 33444

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRIAS, G NICOLAS  
301 W ATLANTIC AVE  
SUITE O-5  
DELRAY BEACH, FL 33444 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FRIAS, G NICOLAS  
Address: 301 W ATLANTIC AVE SUITE 5  
City-St-Zip: DELRAY BEACH, FL 33444

Title: AD ( ) Delete  
Name: BOWER-FRIAS, SUZANNE  
Address: 301 W ATLANTIC AVE SUITE 5  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FRIAS, G NICOLAS  
Address: 301 W ATLANTIC AVE., SUITE O-5  
City-St-Zip: DELRAY BEACH, FL 33444

Title: AD (X) Change ( ) Addition  
Name: BOWER-FRIAS, SUZANNE  
Address: 301 W ATLANTIC AVE., SUITE O-5  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G NICOLAS FRIAS

D

06/26/2007

Electronic Signature of Signing Officer or Director

Date