

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000151242

Entity Name: S4E CORP

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2231 NW 51ST TERRACE  
GAINESVILLE, FL 32605

## **New Principal Place of Business:**

3499 NW 97TH BOULEVARD  
SUITE 1  
GAINESVILLE, FL 32606 US

## **Current Mailing Address:**

2231 NW 51ST TERRACE  
GAINESVILLE, FL 32605

## **New Mailing Address:**

3499 NW 97TH BOULEVARD  
SUITE 1  
GAINESVILLE, FL 32606 US

FEI Number: 71-0990967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SINCLAIR, ARTURO  
2231 NW 51 TERRACE  
GAINESVILLE, FL 32605 US

## **Name and Address of New Registered Agent:**

VILLANI, PEDRO  
3499 NW 97TH BOULEVARD  
SUITE 1  
GAINESVILLE, FL 32606 US

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: PEDRO VILLANI

02/16/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SINCLAIR, ARTURO  
Address: 342 BOICEVILLE ROAD  
City-St-Zip: BROOKTONDALE, NY 14817-955 US

Title: MD  
Name: VILLANI, PEDRO  
Address: 10316 NW 28TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606 US

I hereby 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 all other like empowered.

SIGNATURE: PEDRO VILLANI

MD

02/16/2011

Electronic Signature of Signing Officer or Director

Date