

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000044784

Entity Name: SUITE 190, INC.

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1655 LAKEVIEW DRIVE  
A201  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

1655 LAKEVIEW DRIVE  
A201  
SEBRING, FL 33870 US

**New Mailing Address:**

FEI Number: 20-4588701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAVES, CHERYL  
1655 LAKEVIEW DRIVE  
A201  
SEBRING, FL 33870 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

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: GRAVES, CHERYL  
Address: 1655 LAKEVIEW DRIVE A201  
City-St-Zip: SEBRING, FL 33870 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: CHERYL GRAVES

PRES

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date