

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000065743

1. Entity Name
SU-LE ENTERPRISES, INC.



Principal Place of Business
21601 SW 189 AVE
MIAMI, FL 33170

Mailing Address
PO BOX 2401
PRINCETON, FL 33032



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8162077

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOSNER, STEVEN D
65 NW 16 STREET
HOMESTEAD, FL 33030

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000900309
04/29/08-80022-025 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOWRY, LEONARD H
STREET ADDRESS 21601 SW 189 AVE
CITY-ST-ZIP MIAMI, FL 33170

TITLE D
NAME BOESE MOWRY, SUZANNE
STREET ADDRESS 21601 SW 189 AVE
CITY-ST-ZIP MIAMI, FL 33170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

4/14/08

(305) 458 699