

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90055 016 ***150.00

DOCUMENT # P06000131826 1. Entity Name SUHOMA OF SOUTH FLORIDA, INC.						
Principal Place of Business 2200 W. COMMERCIAL BLVD., STE. 103 FT. LAUDERDALE, FL 33309			Mailing Address 2200 W. COMMERCIAL BLVD., STE. 103 FT. LAUDERDALE, FL 33309			
2. Principal Place of Business - No P.O. Box # 2200 W. Commercial Blvd Suite, Apt. #, etc. Ste. 103 City & State Ft. Lauderdale, FL Zip 33309 Country USA		3. Mailing Address 2200 W. Commercial Blvd Suite, Apt. #, etc. Ste. 103 City & State Ft. Lauderdale, FL Zip 33309 Country USA				
4. FEI Number 38-3745094				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07172007 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent GOTTLIEB, SHELDON L. ESQ. 9555 N. KENDALL DR., STE. 211 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name SHALINI RUSTAM Street Address (P.O. Box Number is Not Acceptable) 2200 W. COMMERCIAL BLVD #103 City Ft. Lauderdale FL Zip Code 33309			
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:  07/25/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>						
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RUSTAM, SHALINI 2200 W. COMMERCIAL BLVD., STE. 103 FT. LAUDERDALE, FL 33309		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			07/25/2007 754-368-3319			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			

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