


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

03-13-2008 90029 031 ***150.00

DOCUMENT # P07000079386	
1. Entity Name SALOMON SUTTON, PA.	

Principal Place of Business 800 BEACON CT HOLLYWOOD, FL 33019	Mailing Address 800 BEACON CT HOLLYWOOD, FL 33019
---	---

66015311



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07102008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0971834	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUTTON, SALOMON 800 BEACON CT HOLLYWOOD, FL 33019		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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. (NOT: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, SALOMON 800 BEACON CT HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Salomon Sutton July 9 2008** **(305) 215-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ATTACHMENT

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

66015311

July 9 2008

Ref: Document # P07000079386

To Whom it may concern:

A few days ago I received in the mail a "Notice of Intent to Dissolve" .

I call and they told me that they receive my check and my Annual Report form but it was missing the "FEI number".

They told me that they mail a notice but I didn't receive anything, if I would have received the notice I would have not any reason not to return it. Can be missed in the mail.

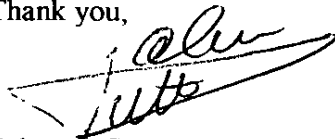
I mail my check and my Annual Report form since march 10 2008.

They ask me to mail again the Annual Report Form and this letter to avoid the charge of \$400.00

Attached:

- Annual report form
- Notice to intent to dissolve
- Copy of the cashed check (march 13 2008)

Thank you,



Salomon Sutton

BankUnited

ATTACHMENT

66015311

BankUnited

329917145

P0700079386

03/31/2008

1-877-779-BANK (2265)
www.bankunited.com

PAGE 4

SALOMON SUTTON PA		1006	
40044334	DATE March 2008		
PAY TO Florida Department of State \$150.00			
On hundred and fifty			
BankUnited			
Document # P0700079386			
Signature			
0837306524			
03212008			
06:30-0019-9			
EXT-1022-TRC-1052 PM-20			
59469837			
MAR 13 2008			
REPAIEMENT OF STATE			
FOR DEPOSIT ONLY			
ACCT # 100908726			

1006

03/21/2008

150.00

12924

