

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000105616

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** RONALD COLEMAN ENTERPRISES, INC.

**Current Principal Place of Business:**

13785 NW 5TH STREET  
SUNRISE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

13785 NW 5TH STREET  
SUNRISE, FL 33325

**New Mailing Address:**

**FEI Number:** 26-3835088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHAPIRA, KAREN B  
3501 S UNIVERSITY DRIVE, STE 10  
DAVIE, FL 33328 US

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

GRAVES SELLARS, LUANA M  
13785 NW 5TH STREET  
SUNRISE, FL 33325 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:** LUANA GRAVES SELLARS

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GRAVES-SELLARS, LUANA  
**Address:** 13785 NW 5TH STREET  
**City-St-Zip:** SUNRISE, FL 33325

**Title:** D  
**Name:** HOLMES, GLORIA  
**Address:** 13785 NW 5TH STREET  
**City-St-Zip:** SUNRISE, FL 33325

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:** LUANA M. GRAVES SELLARS

D

04/18/2011

Electronic Signature of Signing Officer or Director

Date