


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000076111 1. Entity Name SUITE 300 CORP.	
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Principal Place of Business 8181 WEST BROWARD BLVD. STE 201 PLANTATION FL 33324	Mailing Address 8181 WEST BROWARD BLVD. STE 201 PLANTATION FL 33324
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country		

1st MOORE CR2E034 (10/05)

4. FCI Number 65-0731862	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, ROBERT M 8181 WEST BROWARD BLVD. STE 201 PLANTATION FL 33324	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MARCUS, NORMAN			NAME			
STREET ADDRESS	8181 W BROWARD BLVD., SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP			
STREET ADDRESS	8181 W BROWARD BLVD., SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP			
STREET ADDRESS	8181 W BROWARD BLVD., SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP			
STREET ADDRESS	8181 WEST BROWARD BLVD. STE 300			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **4/24/06** **954 475-2500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #