### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # P96000076111

1. Entity Name SUITE 300 CORP.



Principal Place of Business

Mailing Address

8181 WEST BROWARD BLVD. STE 201 PLANTATION, FL 33324

8181 WEST BROWARD BLVD. STE 201 PLANTATION, FL 33324

### FILED Mar 29, 2007 08:00 A Secretary of State



01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0731862 Applied For Not Applicable

5. Certificate of Status Desired

\$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

## 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				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		5.00 May Be dided to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE	SD			
NAME	MARCUS, NORMAN			

8181 W BROWARD BLVD., SUITE 201 CITY-ST-ZIP PLANTATION, FL 33324 TITLE ZIETZ, LAWRENCE D NAME 8181 W BROWARD BLVD., SUITE 201 STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP TITLE NAME CEASAR, MITCHELL 8181 W BROWARD BLVD., SUITE 201 STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP THLE BAKER, ROBERT M NAME 8181 WEST BROWARD BLVD. STE 300 STREET ADDRESS PLANTATION, FL 33324 CITY-ST-21P FITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000682643 04/05/07-80011-008 150.00

# 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 deliver 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07 (954)475-2500