

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000076111

1. Entity Name
SUITE 300 CORP.



Principal Place of Business
8181 WEST BROWARD BLVD. STE 201
PLANTATION, FL 33324

Mailing Address
8181 WEST BROWARD BLVD. STE 201
PLANTATION, FL 33324



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0731862	Applied For Not Applicable
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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MARCUS, NORMAN
STREET ADDRESS	8181 W BROWARD BLVD., SUITE 201
CITY-STATE-ZIP	PLANTATION, FL 33324

TITLE	PD
NAME	ZIETZ, LAWRENCE D
STREET ADDRESS	8181 W BROWARD BLVD., SUITE 201
CITY-STATE-ZIP	PLANTATION, FL 33324

TITLE	VD
NAME	CEASAR, MITCHELL
STREET ADDRESS	8181 W BROWARD BLVD., SUITE 201
CITY-STATE-ZIP	PLANTATION, FL 33324

TITLE	TD
NAME	BAKER, ROBERT M
STREET ADDRESS	8181 WEST BROWARD BLVD. STE 300
CITY-STATE-ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/02/08-80020-002 150.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08

Date

954 475-2500

Daytime Phone #