2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000101327

1. Entity Name

SN PROPERTIES, INC.



FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

OOC CHADNEY LAND

7806 CHARNEY LANE BOCA RATON, FL 33496 US Maiting Address

7806 CHARNEY LANE BOCA RATON, FL 33496

5 US



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0713311 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

				IN	IHIS SPACE	
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its regis	tered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Regis	stered Agent signature	required when reinstalling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON, FL 33496					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		000000799764 01/30/08-80082-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23/08

9/1483-7030

Daytime Phone