

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000030002

Entity Name: SUITES MANAGEMENT, INC.

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8865 COMMODITY CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

10641 HOLLY CREST DRIVE  
ORLANDO, FL 32836

**Current Mailing Address:**

8865 COMMODITY CIRCLE  
ORLANDO, FL 32819

**New Mailing Address:**

10641 HOLLY CREST DRIVE  
ORLANDO, FL 32836

FEI Number: 59-3510751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KALIDAS, ARTI V  
8865 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

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

KALIDAS, VINOD  
10641 HOLLY CREST DRIVE  
ORLANDO, FL 32836 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: VINOD KALIDAS

02/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KALIDAS, VINOD  
Address: 10641 HOLLY CREST DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: STVP  
Name: KALIDAS, NIRMAKSEE  
Address: 10641 HOLLY CREST DRIVE  
City-St-Zip: ORLANDO, FL 32836

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: VINOD KALIDAS

P

02/20/2011

Electronic Signature of Signing Officer or Director

Date