

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000057495



1. Entity Name
SUELAIN, INC.

Principal Place of Business
**14899 MEMORIAL HIGHWAY
MIAMI FL 33164**

Mailing Address
**14899 MEMORIAL HIGHWAY
MIAMI FL 33164**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0846986**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHULTZ, STEVEN E
14899 MEMORIAL HIGHWAY
MIAMI FL 33164**

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

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, 2007 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHULTZ, SUSAN G	
STREET ADDRESS	14899 MEMORIAL HIGHWAY	
CITY-STATE-ZIP	MIAMI FL 33164	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ROWE, ELAINE	
STREET ADDRESS	14899 MEMORIAL HIGHWAY	
CITY-STATE-ZIP	MIAMI FL 33164	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHULTZ, STEVEN	
STREET ADDRESS	14899 MEMORIAL HIGHWAY	
CITY-STATE-ZIP	MIAMI FL 33164	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, ROBERT W	
STREET ADDRESS	14899 MEMORIAL HIGHWAY	
CITY-STATE-ZIP	MIAMI FL 33164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
U000000618472 02/08/07-80030-024 150.00
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elaine Rowe* **ELAINE ROWE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 305-947-9966

Date

Daytime Phone #