

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 10, 2008 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.

1st MOORE

CR2E034 (10/07)

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**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SCHULTZ, SUSAN G**
CITY-ST-ZIP **14899 MEMORIAL HIGHWAY
MIAMI FL 33164**

☐ Change ☐ Addition
U00000853531
03/26/08-80071-021 150.00

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **ROWE, ELAINE**
CITY-ST-ZIP **14899 MEMORIAL HIGHWAY
MIAMI FL 33164**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **SCHULTZ, STEVEN**
CITY-ST-ZIP **14899 MEMORIAL HIGHWAY
MIAMI FL 33164**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROWE, ROBERT W**
CITY-ST-ZIP **14899 MEMORIAL HIGHWAY
MIAMI FL 33164**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 as 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 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ELAINE ROWE STD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-05-08
Date

305-9
Page No