2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000058750

1. Entity Name
S3 PARTNERS, INC.

Principal Place of Business	Mailing Address
6498 N.W. 31ST TERRACE BOCA RATON, FL 33496	6498 N.W. 31ST TERRACE BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

03252008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0873110

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADLER, STEVEN
6498 N.W. 31ST TERRACE
BOCA RATON, FL 33496

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6. 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)

000000845529
04/10/08-80001-011 150.00

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	D
NAME	ADLER, SYLVIA
STREET ADDRESS	90 EDGEWATER DRIVE UNIT #524
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	D
NAME	GASMAN, SHERYL
STREET ADDRESS	90 EDGEWATER DRIVE APT. #825
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	D
NAME	ADLER, STEVEN
STREET ADDRESS	6498 N.W. 31ST TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: STEVEN ADLER 3/27/08 561-995-8925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #