

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90399 047 ***150.00

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1. Entity Name

SUTTER SOUTH, INC.



Principal Place of Business

3855 CORBIN AVE.
TARZANA CA 91356

Mailing Address

3855 CORBIN AVE.
TARZANA CA 91356

2. Principal Place of Business

10701 NORTHGREEN DR

Suite, Apt. #, etc.

3. Mailing Address

10701 NORTHGREEN DR

Suite, Apt. #, etc.

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL

4. FEI Number

94-3321129

Applied For

Not Applicable

Zip

33467

Country

PALESTINE

Zip

33467

Country

PALESTINE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

SAUL, ELLEN N
1351 NW 16TH ST.
MIAMI FL 33125

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2004 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 ☐ Delete
NAME SILVERMAN, MARTIN
STREET ADDRESS 3855 CORBIN AVE.
CITY-ST-ZIP TARZANA CA 91356

TITLE VD ☐ Delete
NAME SILVERMAN, FELICE
STREET ADDRESS 3855 CORBIN AVE.
CITY-ST-ZIP TARZANA CA 91356

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Martin Silverman MARTIN SILVERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-30-04 561 432 1418

Daytime Phone #