


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

Mailing Address  
**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**

**DO NOT WRITE IN THIS SPACE**

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 re-registering)

**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**

000000347529  
 04/10/08-80001-011 150.00

**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	

**DO NOT WRITE IN THIS SPACE**

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:** MM Ad **STEVEN ADLER** **3/27/08** **561-995-8925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #