


2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90151 035 \*\*\*150.00

DOCUMENT # 501357 (8)

1. Entity Name  
S+S TRUCKING+WAREHOUSING INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6241 OLDE MOAT WAY  
Suite, Apt. #, etc.

3. Mailing Address  
6241 OLDE MOAT WAY  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DAVIE FL

City & State  
DAVIE FL

Zip  
33331

Country

Zip  
33331

Country

4. FEI Number  
59-1683190

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Phil Riggio

Street Address (P.O. Box Number is Not Acceptable)  
6241 OLDE MOAT WAY

City  
DAVIE FL

Zip Code  
33331

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	V Michael ARZILLO 3233 Barbados AVE COOPER CITY FL, 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIP Phil Riggio 6241 OLDE MOAT WAY DAVIE FL 33331	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X *Phil Riggio* 4/29/02 (951) 434-5342  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034B (12/02)