FILED
May 24, 2007 8:00 am
Secretary of State
04-30-2007 90039 014 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062902

1. Entity Name
S & S IMPORT AND EXPORT, LLC

Principal Place of Business	Mailing Address
7331 NORTHWEST 27TH AVENUE MIAMI, FL 33147	2529 SOUTHWEST 18TH STREET MIAMI, FL 33145

04142007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1254239
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALTAMIRANO, SILVANO
2529 SW 18TH S
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	ALTAMIRANO, SILVANO
STREET ADDRESS	7331 NORTHWEST 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	S
NAME	ALTAMIRANO, SILVANO
STREET ADDRESS	7331 NW 27TH AVE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	T
NAME	ALTAMIRANO, SILVANO
STREET ADDRESS	7331 NORTHWEST 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VP
NAME	BARSKY, SAUL N
STREET ADDRESS	8877 COLLINS AVE #406
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: S Altamirano 05-20-07 786-247-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #