
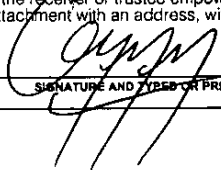


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90016 010 \*\*\*150.00

DOCUMENT # P03000039520					
1. Entity Name SSP SPECIAL SERVICES PROVIDERS, INC.					
Principal Place of Business 400 NW 65TH AVE. #231 MARGATE, FL 33063		Mailing Address 400 NW 65TH AVE. #231 MARGATE, FL 33063			
2. Principal Place of Business 8429 FOREST HILLS DRIVE Suite, Apt. #, etc. #301		3. Mailing Address 8429 FOREST HILLS DRIVE Suite, Apt. #, etc. #301			
City & State CORAL SPRINGS, FL Zip 33063		Country USA		4. FEI Number 75-3110785	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent PEREZ, ELENA M ESQ 4300 N UNIVERSITY DR STE E206 SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURGUIA, ALFREDO E	NAME	8429 FOREST HILLS DRIVE #301		
STREET ADDRESS	400 NW 65TH AVE., #231	STREET ADDRESS	CORAL SPRINGS, FL 33065		
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURGULA, ALDO	NAME	8429 FOREST HILLS DRIVE #301		
STREET ADDRESS	400 NW 65TH AVE., #231	STREET ADDRESS	CORAL SPRINGS, FL 33065		
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Date: 03/17/06		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					