

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90133 001 ***300.00

DOCUMENT # 285753	
1. Entity Name SOUTHERN SPECIALTY MFG CO INC	

Principal Place of Business 3712 NW 71 STREET MIAMI FL 33147	Mailing Address P.O. BOX 470125 MIAMI FL 33247
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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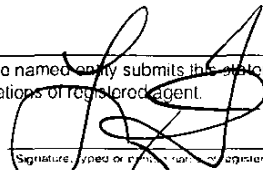
1st MOORE CR2E034 (10/06)

4. FEI Number 59-1060832	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FISHBEIN, SYLVIA 3712 NW 71 STREET MIAMI FL 33147	
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7. Name and Address of New Registered Agent Name LAURENCE FISHBEIN Street Address (P.O. Box Number is Not Acceptable) 3712 NW 71 ST City Miami FL Zip Code 33147	
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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  **LAURENCE FISHBEIN** DATE **4/27/07**

(Signature typed or printed name of registered agent and title - applicable) (NOTE: Registered Agent signature required when terminating) (DATE)

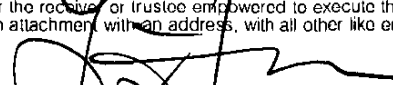
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD FISHBEIN, SYLVIA 3712 NW 71 STREET MIAMI FL 33147 ☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VTD PD FISHBEIN, LAURENCE 3712 NW 71 STREET MIAMI FL 33147 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD FISHBEIN, GERYL 3712 NW 71 STREET MIAMI FL 33147 ☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VTD DE BRUZZOS, ANAE 3712 NW 71 ST MIAMI, FL 33147 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **LAURENCE FISHBEIN** DATE **4/27/07** DAYTIME PHONE # **305 691 5200**

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