

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 376373

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: STATE-SOUTHERN MANAGEMENT CO., INC.

## Current Principal Place of Business:

P. O. BOX 523980  
MIAMI, FL 331520980

## New Principal Place of Business:

7330 NW 36 STREET  
MIAMI, FL 33166

## Current Mailing Address:

P. O. BOX 523980  
MIAMI, FL 331520980

## New Mailing Address:

FEI Number: 59-1352311      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALTMAN, IRVING  
7330 N. W. 36 STREET  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALTMAN, IRVING  
Address: 6420 SW 133 DR  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: COHEN, ALBERT N  
Address: 3400 PONCE DE LEON  
City-St-Zip: CORAL GABLES, FL 00000,

Title: VPD ( ) Delete  
Name: WALTMAN, SCOTT S  
Address: 7330 NW 36TH ST  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING WALTMAN

PD

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date