

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90043 005 ***150.00

DOCUMENT # 599382

1. Entity Name
SOUTH SHORE DEVELOPERS, INC.



Principal Place of Business

11 MADISON AVE
NEW YORK, NY 10010 US

Mailing Address

11 MADISON AVENUE, 8TH FLOOR
ATTN TAX DEP
NEW YORK, NY 10010 US

54009897



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1887589

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DENUNZIO, DAVID A
STREET ADDRESS 11 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 10010

TITLE S
NAME RUSSO, LORI M.
STREET ADDRESS 11 MADISON AVE
CITY-ST-ZIP NEW YORK, NY 10010

TITLE V
NAME RUSSO, LORI M
STREET ADDRESS 11 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 10010

TITLE V
NAME FLYNN, ED
STREET ADDRESS 11 MADISON AVE
CITY-ST-ZIP NEW YORK, NY 10010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

Daytime Phone #