

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # G83310

1. Entity Name  
SSIP, INC.



**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

C/O SVETLANA FRIDMAN  
11961 SW 20TH STREET  
MIRAMAR, FL 33025 US

Mailing Address

C/O SVETLANA FRIDMAN  
11961 SW 20TH STREET  
MIRAMAR, FL 33025 US



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2623178

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRIDMAN, SVETLANA  
11961 SW 20TH STREET  
MIRAMAR, FL 33025

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PID  
NAME: FRIDMAN, SVETLANA  
STREET ADDRESS: 11961 SW 20TH STREET  
CITY-ST-ZIP: MIRAMAR, FL 33025

TITLE: VPS  
NAME: FRIDMAN, PEYSAKH  
STREET ADDRESS: 11961 SW 20TH STREET  
CITY-ST-ZIP: MIRAMAR, FL 33025

TITLE: ST  
NAME: FRIDMAN, STANISLAV  
STREET ADDRESS: 11961 SW 20TH STREET  
CITY-ST-ZIP: MIRAMAR, FL 33025

TITLE: D  
NAME: FRIDMAN ILONA  
STREET ADDRESS: 11961 SW 20TH STREET  
CITY-ST-ZIP: MIRAMAR, FL 33025

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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02/28/07-80081-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Svetlana Fridman, Svetlana Fridman, 2/14/07 305-332-8981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #