
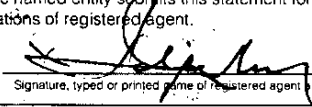
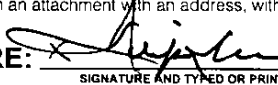


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90098 031 \*\*\*150.00

<b>DOCUMENT # J70560</b> 1. Entity Name TWO S.S. & F., INC.					
Principal Place of Business 920 COLLINS AVENUE MIAMI BEACH, FL 33139			Mailing Address 920 COLLINS AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 620 NW 125 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL			
Zip	Country	Zip 33182	Country	4. FEI Number 59-2832717	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  ALVARR, FELINE 620 NW 125 AVE MIAMI, FL 33182			7. Name and Address of New Registered Agent Name ALVAREZ FELIPE Street Address (P.O. Box Number is Not Acceptable) 620 NW 125 AVE City Miami FL Zip Code 33182		
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  DATE 8/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, FELIPE 920 COLLINS AVE MIAMI BCH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ FELIPE 620 NW 125 AVE MIAMI FL 33182	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALVAREZ, SITELA 920 COLLINS AVE MIAMI BCH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALVAREZ 620 NW 125 AVE MIAMI FL 33182	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/13/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		