

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90031 022 \*\*\*150.00

<b>DOCUMENT # K42596</b> 1. Entity Name <b>S.S.G. MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>1771 BLOUNT RD SUITE 200 POMPANO BEACH, FL 33069 US</b>			Mailing Address <b>5240 NW 89 DR CORAL SPRINGS, FL 33067 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0085414</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POPKIN, EDWARD D. 2499 GLADES ROAD SUITE 114 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>Arthur J. Jaffe</b> Street Address (P.O. Box Number is Not Acceptable) <b>3107 Stirling Road, Suite 201</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33312</b>	
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 <b>4-19-04</b> <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 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODMAN, SUSAN 5240 N.W. 89 DRIVE CORAL SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Steven Goodman 5240 NW 89th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Steven Goodman 5240 NW 89th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Steven Goodman 5240 NW 89th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Steven Goodman 5240 NW 89th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>President Steven A. Goodman</b>		Date <b>4/16/04</b>		Daytime Phone # <b>954-969-2525</b>	