ANNUAL REPORT (AR)

DOCUMENT # L93314 **FILED** 1. Entity Namo Feb 28, 2007 08:00 AM S & S BUSINESS CO. **Secretary of State** Principal Place of Business Mailing Addross 230-174TH ST. APT 805 230-174TH ST. MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0325625 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELPERIN, IGOR 230 - 174TH ST #805 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33160 City Zip Code 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 reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete THE ☐ Change ☐ Addition ELPERIN, IGOR NAME NAME 230-174TH ST STE805 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33160 CITY-ST-7IP CHY-SI-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAMI: U000000651080 STREET ADDRESS STREET ADDRESS 03/08/07-80038-021 150.00 CITY-ST-ZIP CITY+ST-7IP ☐ Delete □ Change Addition TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILI ☐ Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAMI STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete THE Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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:

SOUZ ELOUZ

160R ELPERIN

02.26.2007

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