


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90007 009 ***150.00

DOCUMENT # P00000052063	
1. Entity Name SV AND SSJ INVESTMENTS INC.	

Principal Place of Business 526 SEMORAN BLVD. CASSELBERRY, FL 32707	Mailing Address 526 SEMORAN BLVD. CASSELBERRY, FL 32707
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24078492



2. Principal Place of Business 500 SR 436 Suite, Apt. #, etc. 1060	3. Mailing Address 500 SR 436 Suite, Apt. #, etc. 1060
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08032004 Chg-P CR2E034 (10/03)

City & State CASSELBERRY	City & State CASSELBERRY
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4. FEI Number 59-3649208	Applied For Not Applicable
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Zip 32703	Country SEMINOLE	Zip 32707	Country SEMINOLE
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, VASUDEV 5872 AUVER8 BLVD., #108 KISSIMMEE, FL 32807	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, VASU 5872 AUVER8 BLVD. #108 ORLANDO, FL 32807 <i>1611 FIDDLEWOOD CT CASSELBERRY FL 32707</i>	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
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 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: *[Signature]* Date: 8/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attachment
24078492
#P0000052003

SS & SST INVESTMENTS INC

500 SR 436

SUITE 1060

CASSELBERRY FL 32703

8-3-2004

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Dear Sir, Madam

Recently I received a

postcard reminding me to renew my

corporation. I ask that you waive

late filing fee of \$400. This is being

~~filed late because I did not receive~~

prior notices for renewal. I believe

that address you have for is incorrect.

