


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000081525
1. Entity Name
S&S INVENTIVE TECHNOLOGIES, INC.



Principal Place of Business: 570 TALLULAH ROAD, LANTANA, FL 33462
Mailing Address: 570 TALLULAH ROAD, LANTANA, FL 33462

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1038351 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAZAVIAN, SEYYED
570 TALLULAH ROAD
LANTANA, FL 33462

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U000000305749
04/14/05-80038-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAZAVIAN, SEYYED
STREET ADDRESS	570 TALLULAH ROAD
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Seyyed Raza 4/12/05 561-6023239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #