2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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4/7/2

FILED Apr 30, 2004 8:00 am Secretary of State 04-07-2004 90025 033 ***150.00

SSR ENTERPRISES INC						04-07-2004 70023 033	150.00	
Principal Place of Business Mailing Address				·				
901 VALENCIA DR. SOUTH DAYTONA FL 32119 1910 S ATLANTIC AVENU DAYTONA BEACH FL 32						56417466		
2. Principal P	tace of Business	3. Mailing Address	Mailing Address					
suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)		
City & State	9	City & State				ED 2507295	optied For ot Applicable	
<i>Z</i> ip	Country	Zip Count		ıtry		5. Centificate of Status Desired Secretary Sec	filional	
	6. Name and Address of Current I	egistered Agent				7. Name and Address of New Registered Agent		
PATEL, KIRANH 141 BOYTON AVENUE, #5A— DAYTONA BEACH FL 32118				Name				
				Street Ad	Address (P.O. Box Number_is Not Acceptable)			
				Cily		FL Zip Cod	e	
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 KIRAN + H PATEL Signature, types or printed retire of registered agent and block software. (NOTE: Registered Agent signature required when reinstating) O3 23 04 DATE FILE NOW!!! FEE IS \$150.00								
After May: 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							O May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	D PATEL, KIRANH 901 VALENCIA DR. SOUTH DAYTONA FL 32119	Delete .		1	1910	N H PATEL AVE S. ATLANTIC AVE TONA BEACH, FL-32118	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITL NAM STRE	E			PRI Addition	
TITLE NAME -STREET ADDRESS -CHY-SI-ZIP				.E Me Eet adoress ** . 7- ST- ZIP	SHIVANI K PATEL Change D		Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Liberaby	certify that the information supplied within	Detete	an	ME EET ADORESS Y-ST-ZIP	ed in Sec	Change	Addition	
12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

KIRANI H. PATEL