


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90049 021 \*\*\*150.00

<b>DOCUMENT # P00000115771</b>					
<b>1. Entity Name</b> SSR ENTERPRISES INC					
<b>Principal Place of Business</b> 901 VALENCIA DR. SOUTH DAYTONA, FL 32119			<b>Mailing Address</b> 1910 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03092005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3687286				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PATEL, KIRANH 141 BOYTON AVENUE, #5A DAYTONA BEACH, FL 32118			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> PATEL, KIRAN H		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1910 S. ATLANTIC AVE	<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32118		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VPS	<b>NAME</b> PATEL, SANGITA K		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1910 S. ATLANTIC AVE	<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32118		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> T	<b>NAME</b> PATEL, SHIVANI K		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1910 S. ATLANTIC AVE	<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32118		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>DATE:</b> 03/14/05 <b>DAYTIME PHONE #</b>					