9/11/2002-90077-022-\$150.00-\$150.00

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20	02 UNIFORM BUS	INESS REP	ORT (UI	BR)		rii es	10
DOC	DOCUMENT # PO1000040308				γ΄ ΄	FILED	
1. Entity	Name	0000000	6 - 7		00.000		
S&S A	SHCHI INC.				UZ NOV	-5 PH 2	2: 30
,					0.51.0		
Principal	Place of Business				SECRE	TARY OF ST ASSEE, FLO	TATE.
name agree agree agreement and agreement agree							IHIDA
WINTERHAVEN FL 33881 WINTERHAVEN FL 33881					• •	0023	
}			•				
				J		BIND BY HE CHANGE AND A	HAND HAND HAND LOOK
i 2.53	al Place of Business	3. Mailing Address	<u>-</u>			elli falli illi illi i	
	S. LAILESHORE	227 20- Suite, Apt. # etc.	<u> </u>	NIW.			
					DO NOT WRITE I	N THIS SPACE	
City & S	SALPRED, FL	City & State	- / -		4. FEI Number	'74	Applied For
Zip	Country	WINTER HA	VEN, R	L	24-97-7	183'-	Not Applicable
	U.S.A.	32.081	Country	x - 1	5. Certificate of Status Desired	\$8.75	Additional
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Regis	Fee Requ	Uired
ASHCH	I, SHOKRALLA	~	Name		والمراكب المراجعين مرميمي المرابع		
2221 20TH STREET NW			Street	Address (P.	O. Box Number is Not Acceptable)		
WINTER	HAVEN FL 33881		·				
			City				
8. The above	ve named entity submits this statement					FL Zip C	ode
the oblig	ve named entity submits this statement for tations of registered agent.	ne purpose of changing its	registered office of	or registered	agent, or both, in the State of Florida	l am familiar wi	th, and accept
SIGNATURE		-h3					
	Signature, typed or printed name of registered agent and	stitle if applicable. (NOTI	E: Flegistered Agent signa	ture required wh	on reinstating)	7-2 DATE	
9. This con	poration is eligible to satisfy its Intangible	FILE NOW!	!!~FEE-IS-\$550	.00			
(See crit	requirement and elects to do so. eria on back)	After September 13	. 2002 Fee will t	be \$750 nn	 Election Campaign Financir Trust Fund Contribution. 		00 May Be
11.	OFFICERS AND DI	Make Check Payab	12.			- 700	ed to Fees
TITLE"	PRESIDENT	☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS		
name Street address			NAME			Change	☐ AddItion
CITY-ST-ZIP	1		STREET ADDRESS	}			
IITLE	PRESIDENT	☐ Defete	CITY-ST-ZIP				
NAME	ISHOKRALLA A-CH	c (4.1	NAME			☐ Change	☐ Addition
STREET ADDRESS STY-ST-ZIP	1444 2014 (7.	$\cdot \wedge \cdot \wedge \cdot$	STREET ADDRESS				
ITLE .	WINTER HAVEN, IEL	3_3 8 8	CITY-ST-ZIP				
AME	SHITRZAD A-SITCHI		TITLE NAME			Change	☐ Addition
TREET ADDRESS	2221 2074 ST-N	W.	STREET ADDRESS	*** -	•	,	-
TILE	WINTER HAVEN, 1	<u> इ ३३८८)</u>	CITY-ST-ZIP				
AME _		☐ Delets	TITLE Name		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
Treet address ITY-ST-ZIP		Marie Carlo Ca	STREET ADORESS				1
TLE			CITY-ST-ZIP			••	ļ
WE		☐ Delete	TITLE NAME			☐ Change	Addition
PREET ADDRESS TY-ST-ZIP			STREET ADDRESS				
11-51-2P			CITY-ST-ZIP				1
WE		☐ Delete	TITLE			☐ Change	☐ Addition
REET ADDRESS			NAME Street address			— ₹ :≪"¶V	
Y-ST-ZIP			CITY-ST-7IP				
 I hereby ce indicated c 	ertify that the information supplied with this is on this report or supplemental report is true oration or the receiver or trustee empowere or on an attachment with an address, with a	illing does not qualify for the	e exemption stated	in Section	119.07(3)(i), Florida Statutes 1 further	Carlifu that the control	
or the corporation of the corpor	oration or the receiver or trustee empowers or an attachment with an address, with a	d to execute this report as il other like empowered	signature shall hav required by Chapt	e the same l er 607, Flori	legal effect as if made under oath; that de Statutes; and that my name annear	: I am an officer o	ormation or director Block 12:4
IGNATI		E Andrew			. , uppour		30CR 12 [
LAND	SIGNATURE AND TYPED OR PRINTEE	NAME OF SIGNING OFFICER OR	NECTOR .		9-7-	2	
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M 1/10/07

Daytime Phone #