2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2006 08:00 AM DOCUMENT # P01000041827 Secretary of State 1. Entity Name SOUTHERN STATES CONSTRUCTION, INC. Principal Place of Business Mailing Address 1414 SW 4TH COURT 1414 SW 4TH COURT **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. It, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1097820 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOFIL & NOFIL, P.A. 3284 NORTH STATE ROAD 7 Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE LAKES FL 33319 City 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 Signature, typed or printed name of registered agent end ritle if applicable (NOTE: Registered Agent signature required when recisioning) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE PTSD Deicte THLE ☐ Change ☐ Addison NAME RUDITZ, ROBERT NAME STREET ADDRESS 1414 SW 4TH COURT STREET ADDRESS CHY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Adding Ditt ☐ Delete mit ☐ Change U000000421577 114145 NAME 02/18/08-80040-017 150.00 STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP HILL ☐ Delcte 3311 Charge 🔲 Addition MAME MAMI STREET ADDRESS SZERDIA LEGRIZ CSSY-ST-79P CITY-SI-ZIP ☐ Change ☐ Addition WILE ☐ Detete TITLE NAME STREFT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete MILE ☐ Change ☐ AUMit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP me Delete mili Change Addition-NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP EITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 it 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 of changed, or on an attachmatic with an address, with all other like empowered.

SIGNATURE:

FILED

561-711-5748