FILED
Mar 17, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000076823

1. Entity Name
S&S APARTMENTS, INC.

Principal Place of Business	Mailing Address
1095 NORTH SHORE DRIVE MIAMI BEACH, FL 33141	1095 NORTH SHORE DRIVE MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1131168

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, ERIC P ESQ
913 NORMANDY DRIVE
MIAMI BEACH, FL 33141

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRILL, SARA
STREET ADDRESS	1095 NORTH SHORE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	TEPLICKI, SARA
STREET ADDRESS	1095 NORTH SHORE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	TEPLICKI, JAIME
STREET ADDRESS	1095 NORTH SHORE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	BRILL, RYAN
STREET ADDRESS	1095 NORTH SHORE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/06-80022-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Sara Brill SARA BRILL 3/9/06 305-652-3175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #