

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90399 021 \*\*\*150.00

DOCUMENT # P01000089516

1. Entity Name  
 SA SOUTHERN SERVICES, INC.



Principal Place of Business  
 6670-A WHITE DRIVE  
 WEST PALM BEACH, FL 33407

Mailing Address  
 6670-A WHITE DRIVE  
 WEST PALM BEACH, FL 33407



**DO NOT WRITE IN THIS SPACE**

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0787592	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHAMSHAD, NOSHAD A  
 6670-A WHITE DRIVE  
 WEST PALM BEACH, FL 33407

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2005 Fee will be \$550.00

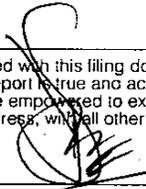
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAMSHAD, NOSHAD A 6670-A WHITE DRIVE WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  Noshad Al. Shamshad April 6, 2005 561-844-1121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #