

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000089516

1. Entity Name

SA SOUTHERN SERVICES, INC.



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

04-19-2005 90399 021 ***150.00

Principal Place of Business

6670-A WHITE DRIVE
WEST PALM BEACH, FL 33407

Mailing Address

6670-A WHITE DRIVE
WEST PALM BEACH, FL 33407



04062005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0787592

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Noshad Al. Shamshad April 6, 2005 561-844-1121