

2007

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90034 038 \*\*\*150.00

<b>DOCUMENT #</b> P01000092228
<b>1. Entity Name</b> S & S International Services, Inc.

DO NOT WRITE IN THIS SPACE

40058137

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 15252 S.W. 11th St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2423 S.W. 147th Ave. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33194	Country USA	Zip 33185-4082	Country USA
<b>4. FEI Number</b> 65-1141865		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name  
Sanchez, Audie R.  
Street Address (P.O. Box Number is Not Acceptable)  
15252 S.W. 11th St.  
  
City  
Miami FL Zip Code  
33194

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**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	D/P Sanchez, Audie R. 15252 S.W. 11th St. Miami, FL 33194	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Echeverri, Marisol 15252 S.W. 11th St. Miami, FL 33194	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

**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 on an attachment with an address, with all other like empowered.**

SIGNATURE:

Audie R. Sanchez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-09-07

305-221-4441