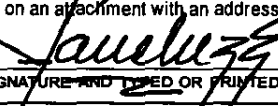


2003

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90215 029 \*\*\*150.00

<b>DOCUMENT #</b> P01000092228					
1. Entity Name S & S International Services, Inc.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 962 N.W. 106th Ave. Cir.			3. Mailing Address 10008 W. Flagler St.		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 144		
City & State Miami, FL			City & State Miami, FL		
Zip 33172	Country USA	Zip 33174-1828	Country USA	4. FEI Number 65-1141865	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name Sanchez, Audie R.	
				Street Address (P.O. Box Number is Not Acceptable) 962 N.W. 106th Ave. Cir.	
				City Miami	
				FL	Zip Code 33172
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 \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Sanchez, Audie R. 962 N.W. 106th Ave. Cir. Miami, FL 33172			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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		305-480-4846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

CR2E034B (12/02)