

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90179 022 ***150.00

DOCUMENT # P01000105750	
1. Entity Name SFSS, INC.	

Principal Place of Business 410 GIRALDA AVE. CORAL GABLES, FL 33134	Mailing Address 410 GIRALDA AVE. CORAL GABLES, FL 33134
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2. Principal Place of Business 4839 SW 148 AVE.	3. Mailing Address 4839 SW 148 AVE.
Suite, Apt. #, etc. 509	Suite, Apt. #, etc. 509
City & State DAVIE, FL	City & State DAVIE, FL
Zip 33330	Country

03212006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1149924	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORTEGA, MERCEDES 410 GIRALDA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name WILLIAM STRUZENBERG Street Address (P.O. Box Number is Not Acceptable) 4839 SW 148 AVE., # 509 City DAVIE FL Zip Code 33330
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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 <i>William Struzenberg</i> Signature, typed or printed name of registered agent and title if applicable	DATE <i>3/29/06</i> (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ORTEGA, MERCEDES 410 GIRALDA AVE. CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WILLIAM STRUZENBERG 4839 SW 148 AVE. DAVIE, FL 33330 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: <i>William Struzenberg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>3/29/06</i> DAYTIME PHONE # <i>954-680-8774</i>