
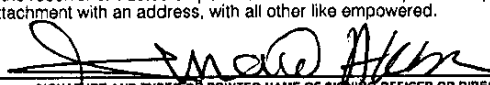


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 028 ***150.00

DOCUMENT # P02000037967					
1. Entity Name SSZ, INC.					
Principal Place of Business 15841 SW 56 STREET FT LAUDERDALE, FL 33331			Mailing Address 15841 SW 56 STREET FT LAUDERDALE, FL 33331		
2. Principal Place of Business ✓ 374 SW 186 WAY		3. Mailing Address ✓ 374 SW 186 WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIRAMAR FL		City & State MIRAMAR FL		4. FEI Number 30-0083319	
Zip 33029		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MANZER, MASOOD 15841 SW 56 STREET FT LAUDERDALE, FL 33331			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) ✓ 374 SW 186 WAY		
			City MIRAMAR FL Zip Code 33029		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANZER, MASOOD 15841 SW 56 STREET FT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MASOOD MANZER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ✓ 374 SW 186 WAY MIRAMAR FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AKBAR, JUNAID 15841 SW 56 STREET FT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	✓ JUNAID AKBAR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ✓ 374 SW 186 WAY MIRAMAR FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date: 1-20-06 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					