

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90203 003 \*\*\*150.00

40024592



02142005 Chg-P CR2E034 (10/03)

4. FEI Number  
04-3700519  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
13145 Old Cutler Road  
City Pinecrest FL Zip Code 33156

DOCUMENT # P02000074227

1. Entity Name  
SSS MANAGEMENT GROUP INC.



Principal Place of Business  
6840 SW 145TH TERR.  
MIAMI, FL 33158  
Mailing Address  
6840 SW 145TH TERR.  
MIAMI, FL 33158

2. Principal Place of Business  
13145 Old Cutler Road  
Suite, Apt. #, etc.  
3. Mailing Address  
13145 Old Cutler Road  
Suite, Apt. #, etc.

City & State  
Pinecrest, FL  
Zip 33156 Country USA  
City & State  
Pinecrest, FL  
Zip 33156 Country USA

BALSINDE, SILVIA  
6840 SW 145TH TERR.  
MIAMI, FL 33158

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 Silvia Balsinde (Silvia Balsinde) DATE 2/18/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 17, 2005 Fee will be \$550.00  
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALSINDE, SILVIA			NAME			
STREET ADDRESS	6840 SW 145TH TERR.			STREET ADDRESS	13145 Old Cutler Road		
CITY-ST-ZIP	MIAMI, FL 33158			CITY-ST-ZIP	Pinecrest, FL 33156		
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALSINDE, SOPHIA			NAME			
STREET ADDRESS	6840 SW 145TH TERR.			STREET ADDRESS	13145 Old Cutler Road		
CITY-ST-ZIP	MIAMI, FL 33158			CITY-ST-ZIP	Pinecrest, FL 33156		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Silvia Balsinde (Silvia Balsinde) Date 2/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #