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## **2003 FOR PROFIT CORPORATION**

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DOCUMENT # P02000110189  1. Entity Name SSHOOP, INC.								Secretary of State 04-21-2003 90305 001 ***150.00
Principal Place of Business 20030 N.W. 3RD COURT MIAMI FL 33169				Mailing Address 20030 N.W. 3RD COURT MIAMI FL 33169				T INDICADI ILI DRILO ILIAN DONY DALIA DALIA MARA MARA MARA MARA MARA MARA MARA MA
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES
City & State				City & State				4. FEI Number Applied For Not Applied For Not Applicable
Zip Country			Zip	Zip		Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name	and Address of Current	Registere	d Agent		.0., 20.		7. Name and Address of New Registered Agent
						Name		
HILL, MARLON A ESQ. 20030 N.W. 3RD COURT MIAMI FL 33169						Street Address (P.O. Box Number is Not Acceptable)		
IVIDATIVIT T			City	FL Zip Code				
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 obliga	tions of registe	ered agent.						3/1/-
SIGNATURE Marion Hill Esa: Signature, typed or printed name of registered agent and title Lapplicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of St					V.,		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RICARDO E . 3RD COURT 33169		☐ Delete		i		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		್ ಕರ್ನ್ ಸ್ಟ್ರಾ ಚಿತ್ರಗಳು ನ		□ Dēletē ====	NAM Stre	E EET ADDRESS -ST-ZIP	(******	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete		1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		F F	-	☐ Change ☐ Addition

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 ke empowered. REQUIRED

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #