

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000012994

1. Entity Name
SS SHE SHE CORP.



Principal Place of Business
**20449 STATE ROAD 7
SUITE A-1
BOCA RATON FL 33498**

Mailing Address
**20449 STATE ROAD 7
SUITE A-1
BOCA RATON FL 33498**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/05)

4. FEI Number **02-0672764**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**SUTTER, SHEILA
6198 NW 24 COURT
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 obligations of registered agent

SIGNATURE Sheila Sutter DATE 2/15/06

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP | O SUTTER, SHEILA 6198 NW 24TH COURT MARGATE FL 33063 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000441888 03/03/06-80049-024 150.00 |
| 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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sheila Sutter DATE 2/15/06 DAYTIME PHONE # 561-482-56

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR