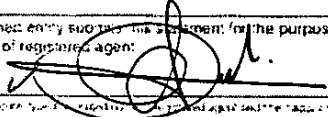
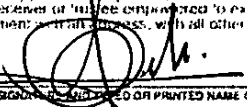


FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 031 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000021728 1. Entity Name SSFC ESTATES NUMBER THREE INC.			
Principal Place of Business 7400 S.W. 50TH TERRACE, SUITE 101 MIAMI, FL 33155		Mailing Address P.O. BOX 558667 MIAMI, FL 33255-8667 US	
2. Principal Place of Business 5712 Hollywood Blvd State, Apt # etc		3. Mailing Address 5712 Hollywood Blvd. State, Apt # etc	
City & State Hollywood FL Zip 33021 Country USA		City & State Hollywood, FL Zip 33021 Country	
4. FEI Number 20-3282321 NOT APPLICABLE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCO, JEANNETTE O 3389 SHERIDAN ST STE 248 HOLLYWOOD, FL 33021-3628		7. Name and Address of New Registered Agent Name JEANNETTE BLANCO Street Address (P.O. Box Number is Not Acceptable) 5712 Hollywood Blvd. City Hollywood FL Zip Code 33021	
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  DATE 8/31/05			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME DOMINGUEZ, JULIO P STREET ADDRESS P.O. BOX 558667 CITY-STATE-ZIP MIAMI, FL 332558667	☒ Delete	TITLE JEANNETTE BLANCO NAME JEANNETTE BLANCO STREET ADDRESS 5712 Hollywood Blvd. CITY-STATE-ZIP Hollywood, FL 33021	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 as changed, or on an attachment, with all changes, with all other fee empowered.			
SIGNATURE 		DATE 8/31/05 954-9877300	