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	Mailing Address
7400 S.W. 50TH TERRACE, SUITE 101 MIAMI, FL 33155	P.O. BOX 558667 MIAMI, FL 33255-8667 US

50064870

08312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5712 Hollywood Blvd	5712 Hollywood Blvd.
Suite, Apt # etc	Suite, Apt # etc
City & State: Hollywood FL	City & State: Hollywood, FL
Zip: 33021 Country: USA	Zip: 33021 Country:

4. FEI Number 20-3282321 NOT APPLICABLE ☐ 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
BLANCO, JEANNETTE O 3389 SHERIDAN ST STE 248 HOLLYWOOD, FL 33021-3628	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 [signature] 8/31/05

Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, JULIO P P.O. BOX 558667 MIAMI, FL 332558667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeannette Blanco 5712 Hollywood Blvd. Hollywood, FL 33021 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 like empowered.

SIGNATURE [signature] 8/31/05 954-9877300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #