

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008450

FILED  
Mar 17, 2005  
Secretary of State

Entity Name: SSMF INC.

**Current Principal Place of Business:**

9891 FAIRWAY COVE LANE  
PLANTATION, FL 33324

**New Principal Place of Business:**

10164 NW 47TH STREET  
SUNRISE, FL 33351

**Current Mailing Address:**

9891 FAIRWAY COVE LANE  
PLANTATION, FL 33324

**New Mailing Address:**

10164 NW 47TH STREET  
SUNRISE, FL 33351

FEI Number: 56-2430315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAREL, NIR  
10730 NW 10TH ST.  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAREL, NIR  
Address: 10730 NW 10TH ST.  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: BOUMAN, AVI  
Address: 9891 FAIRWAY COVE LANE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIR HAREL

PD

03/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date