2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 14, 2005 8:00 am Secretary of State DOCUMENT # P04000026298 1. Entity Name 06-14-2005 90001 016 ***150.00 S & S AUTO REPAIR, SALES & TOWING, INC. Principal Place of Business Mailing Address 8210 OLIVEWOOD PL 8210 OLIVEWOOD PL 4.0000000 TAMPA, FL 33615 TAMPA, FL 33615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 06072005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1220527 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAHADEO, SEEWCHAND Street Address (P.O. Box Number is Not Acceptable) 8210 OLIVEWOOD PL TAMPA, FL 33615 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE S/T/D Change ☐ Addition SAHADEO, SEEWCHAND NAME NAME 8210 OLIVEWOOD PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33615 CITY-ST-ZIP TITLE ☐ Delete] Change Addition NAME NAME DEONAUTH B. SAHADEO STREET ADDRESS STREET ADDRESS 8308 W. POCAHONTAS AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL. 33615 ☐ Delete TITLE Addition TITLE ☐ Change JOSHUA HOLDER NAME HAME STREET ADDRESS STREET ADORESS 5223 MADISON LAKE CIRCLE CITY-ST-7IP CITY-ST-ZIP TAMPA, FL. 33619 Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete □ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

06/07/05 (813)2997611

FILED

ATTACHMENT

H0088085 #P0400026298 JUNE 7, 2005

DIVISION OF CORPORATIONS ANNUAL REPORT

P.O. BOX 6327

TALLAHASSEE, FL. 32314-6327

RE: S & S AUTO REPAIR, SALES & TOWING, INC.

8210 OLIVEWOOD PL. TAMPA, FL. 33615 (813) 299-7611

In reference to our Annual Report for 2005.

S & S AUTO REPAIR, SALES & TOWING, INC. received the original Annual Report for the last year and was mailed with changes and a check on a timely bases when I checked online to see if the changes were made I found out nothing had been recorded nor has the check cleared. Therefore, I am sending the new form I down loaded and another check for \$150.00.

Please abate any penalties related to this filing.

If additional information is needed please let me know.

Sincerely,

SEEWCHAND SAHADEO, SEC./TREAS.