

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052192

**FILED**  
**Jun 07, 2005**  
**Secretary of State**

**Entity Name:** TRIPLE S ENTERPRISES OF BROWARD, INC.

**Current Principal Place of Business:**

900 N.E. 5TH ST.  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

9470 OAK GROVE CIRCLE  
DAVIE, FL 33328

**New Mailing Address:**

900 N.E. 5TH STREET  
POMPANO BEACH, FL 33060

**FEI Number:** 20-0922010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEIGH, SUSAN L  
900 N.E. 5TH ST.  
POMPANO BEACH, FL 33060 US

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

IBRAHIM, LUCY  
20962 CYPRES WAY  
BOCA RATON, FL 33433 US

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:** LUCY IBRAHIM

06/07/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: LEIGH, SUSAN L  
Address: 9470 OAK GROVE CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: VS ( ) Delete  
Name: LEIGH, STEVEN  
Address: 9470 OAK GROVE CIRCLE  
City-St-Zip: DAVIE, FL 33328

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

Title: PT (X) Change ( ) Addition  
Name: IBRAHIM, LUCY  
Address: 20962 CIPRES WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: VS (X) Change ( ) Addition  
Name: MARCOS, WAGDY  
Address: 20962 CIPRES WAY  
City-St-Zip: BOCA RATON, FL 33433

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:** WAGDY MARCOS

V

06/07/2005

Electronic Signature of Signing Officer or Director

Date