2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000155681

1. Entity Name
SSRB, INC.

Principal Place of Business	Mailing Address
2211 SW 102ND DRIVE DAVIE, FL 33324	6966 CROOKS ROAD SUITE 22 TROY, MI 48098 US

02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1589101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPELLBERG, VICTOR
2211 SW 102ND DRIVE
DAVIE, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will Be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000535311
05/08/06-80047-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPELLBERG, VICTOR
STREET ADDRESS	2211 SW 102ND DRIVE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	VP
NAME	BLAKE, RICHARD M
STREET ADDRESS	6966 CROOKS ROAD, SUITE 22
CITY-ST-ZIP	TROY, MI 48098
TITLE	SEC
NAME	SPELLBERG, ARLENE
STREET ADDRESS	2211 SW 102ND DRIVE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	TREA
NAME	BLAKE, DIANE E
STREET ADDRESS	6966 CROOKS ROAD, SUITE 22
CITY-ST-ZIP	TROY, MI 48098
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Victor Spellberg 2/6/06 954-476-0699
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Vic Spellberg Date Daytime Phone #