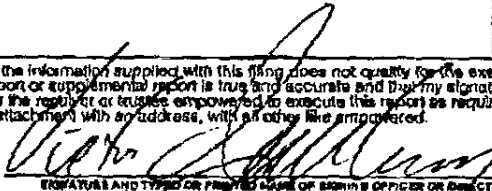


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000155681			
1. Entity Name SSRB, INC.			
Principal Place of Business 2211 SW 102ND DRIVE DAVIE, FL 33324		Mailing Address 6966 CROOKS ROAD SUITE 22 TROY, MI 48068 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent SPELLBERG, VICTOR 2211 SW 102ND DRIVE DAVIE, FL 33324		DO NOT WRITE IN THIS SPACE	
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 fee if applicable. (NOTE: Registered Agent signature is required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		000000535311 05/08/06-80047-019 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPELLBERG, VICTOR 2211 SW 102ND DRIVE DAVIE, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAKE, RICHARD M 6966 CROOKS ROAD, SUITE 22 TROY, MI 48068		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SPELLBERG, ARLENE 2211 SW 102ND DRIVE DAVIE, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BLAKE, DIANE E 6966 CROOKS ROAD, SUITE 22 TROY, MI 48068		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 register 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 an office like empowered.			
SIGNATURE: 		Date: 2/6/06 954-476-0679	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	