


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000155681</b> 1. Entity Name SSRB, INC.	
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Principal Place of Business 2211 SW 102ND DRIVE DAVIE, FL 33324	Mailing Address 6966 CROOKS ROAD SUITE 22 TROY, MI 48098 US
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01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 72-1589101	Applied For Not Applicable
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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

**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 Victor SPELLBERG 3/12/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**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 48098
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 48098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/07-80083-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07  
Date

954-476-0694  
Daytime Phone #