2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055735

Entity Name: SSS&K.INC

City-St-Zip:

DEER FIELD BEACH, FL 33442 BR

FILED Apr 10, 2006 Secretary of State

		x 10, 110.			
Current Pi	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
1701 NW 2 A - 1	ND ST				
	D BEACH, F	L 33442			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1701 NW 2ND ST				5195 W ATLANTIC AVE	
A - 1 DEER FIELD BEACH, FL 33442			#G DELRAY BEACH, F	#G DELRAY BEACH, FL 33484	
FEI Number: 75-3188001 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ULLAH, AMAN 115 LOCK ROAD			BABUL, SAFIQ 1701 NW 2ND ST	1701 NW 2ND ST	
# 7 DEER FIELD BEACH, FL 33442 US			A-1 DEER FIELD BEAC	DEER FIELD BEACH, FL 33442 US	
The above in the State		submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: SAFIQ BABUL				04/10/2006	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SHAFIQ, SUFIA 7005 BROCK F MONTGOMER	PORT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ISRAIL, SABINA 8701 VINTAGE MONTGOMER	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC () LUCKY, SAHEL 1701 NW 2 ND		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: SAHELA PARVIN LUCKY SEC 04/10/2006