

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**1. Entity Name**  
**S.S. EXPORTS OF POMPANO, INC.**



**Mailing Address**  
1484 NE 31ST ST - STE 104  
LIGHTHOUSE POINT, FL 33064

**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3171580	Applied For
	Not Applicable

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

## 6. Name and Address of Current Registered Agent

SEEHARACK, SHELDON  
1484 NE 31ST ST - STE 104  
LIGHTHOUSE POINT, FL 33064

**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 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
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TITLE	PSTD
NAME	SEEHARACK, SHELDON
STREET ADDRESS	1484 NE 31ST ST - STE 104
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064

TITLE	VP
NAME	SEEHARACK, SHELDON
STREET ADDRESS	1484 NE 31ST ST - STE 104
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000739595  
05/14/07-80033-018 150.00

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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: X Gleason Seehorn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-07

954 786 9640  
Debit Phone #