


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90238 047 \*\*\*150.00

**DOCUMENT # P05000137960**

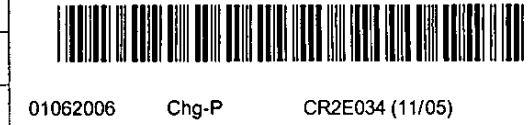
1. Entity Name  
**TRIPLE S GENERAL SERVICES CORP**



Principal Place of Business  
**2021 NW 37TH AVENUE  
 COCONUT CREEK, FL 33066**

Mailing Address  
**2021 NW 37TH AVENUE  
 COCONUT CREEK, FL 33066**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



4. FEI Number **20-3599578** Applied For  Not Applicable

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

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent        |          |
| <b>SHIPP, MARY E<br/>                 2021 NW 37TH AVENUE<br/>                 COCONUT CREEK, FL 33066</b> |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | <b>FL</b>  | Zip Code |

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 *Mary E Shipp* DATE **03/09/06**

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

**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**

| 10. OFFICERS AND DIRECTORS |                         |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |  |
|----------------------------|-------------------------|---------------------------------|--|---|--|---|--|
| TITLE                      | P                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | SHIPP, MARY E           |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 2021 NW 37TH AVENUE     |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            | COCONUT CREEK, FL 33066 |                                 |  | CITY - ST - ZIP                                       |  |   |  |
| TITLE                      | VP                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | SILVA, SIRLAN           |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 2021 NW 37TH AVENUE     |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            | COCONUT CREEK, FL 33066 |                                 |  | CITY - ST - ZIP                                       |  |   |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                         |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            |                         |                                 |  | CITY - ST - ZIP                                       |  |   |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                         |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            |                         |                                 |  | CITY - ST - ZIP                                       |  |   |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                         |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            |                         |                                 |  | 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 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: *Mary Elma Shipp* DATE: **03/09/06** PHONE: **754-234-5479**

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #