

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-01-2007 90036 001 ***150.00

DOCUMENT # P06000010173					
1. Entity Name SSGMP, INC.					
Principal Place of Business 645 CLEARBROOK CIRCLE DELRAY BEACH FL 33445			Mailing Address 645 CLEARBROOK CIRCLE DELRAY BEACH FL 33445		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4115990	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCINO, GERALD M 645 CLEARBROOK CIRCLE DELRAY BEACH FL 33445			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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, the registered agent. SIGNATURE: <u><i>Gerald M. Procino</i></u> Pres. DATE: <u>1-22-07</u> Signature, typed or printed name of registered agent and title - applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY ST ZIP	P PROCINO, GERALD M ☐ Delete 645 CLEARBROOK CIRCLE DELRAY BEACH FL 33445			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Gerald M. Procino</i></u> Pres.				DATE: <u>1-22-07</u> 305 623-1922	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone	