

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90247 045 \*\*\*150.00

DOCUMENT # P06000075322

1. Entity Name  
S & S IMPORT/EXPORT INC.



Principal Place of Business  
~~13-05 128 STREET 1ST FLOOR~~  
COLLEGE POINT, NY 11356

Mailing Address  
~~13-05 128 STREET 1ST FLOOR~~  
COLLEGE POINT, NY 11356

40000180



2. Principal Place of Business - No P.O. Box #

4980 NW 165 ST  
Suite, Apt. #, etc. #A10

3. Mailing Address

4980 NW 165 ST  
Suite, Apt. #, etc. #A10

01042007 Chg-P CR2E034 (12/06)

City & State  
HIALEAH, FL

City & State  
HIALEAH, FL

4. FEI Number  
20-4971182

Applied For  
Not Applicable

Zip  
33014-6304

Country

Zip  
33014-6304

Country

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

SHEN, XIAO ZHONG  
~~1225 NE 162 STREET~~  
MIAMI, FL 33162

*address change only*

Name  
SHEN, XIAO ZHONG

Street Address (P.O. Box Number is Not Acceptable)

4980 NW 165 STREET, A10

City  
HIALEAH

FL

Zip Code

33014-6304

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
SHEN, XIAO ZHONG  
13-05 128 STREET 1ST FLOOR  
COLLEGE POINT, NY 11356 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Xiao Zhong Shen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

*1/4/07 305-620-8863*  
Date Daytime Phone #