
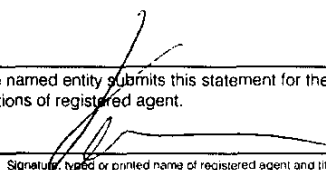
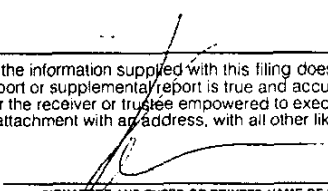


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 040 ***150.00

DOCUMENT # P06000141388 1. Entity Name SSI & DISABILITY LAWYERS, INC.					
Principal Place of Business 3517 N. PINE ISLAND RD. SUNRISE, FL 33351			Mailing Address 1136 SE 3RD AVE FT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box # 301 1214 South Andrews Ave Suite Suite, Apt. #, etc. Fort Lauderdale, FL		3. Mailing Address PO Box 350038 Suite, Apt. #, etc. Fort Lauderdale, FL			
City & State 33316 USA Zip Country		City & State 33316 USA Zip Country		4. FEI Number 20-5841870 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LAVAN, KEN 1136 SE 3RD AVE. FT. LAUDERDALE, FL, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1214 South Andrews Ave Suite 301 Fort Lauderdale 33316 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 registered agent. SIGNATURE  DATE 1-4-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LAVAN, KEN 1136 SE 3RD AVE FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 South Andrews Ave Suite 301 Fort Lauderdale, FL 33316			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEIDENBERG, ADAM 1136 SE 3RD AVE FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 South Andrews Ave Suite 301 Fort Lauderdale, FL 33316			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 1-4-08 Daytime Phone # 954-523-3870			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					