

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000050319

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** S & S HOSPITALITY MANAGEMENT, INC.

**Current Principal Place of Business:**

S & S MANAGEMENT  
621 E. SUGARLAND HWY  
CLEWISTON, FL 33440 US

**New Principal Place of Business:**

**Current Mailing Address:**

10901 PINE LODGE TRAIL  
DAVIE, FL 33328 US

**New Mailing Address:**

S & S MANAGEMENT  
621 E. SUGARLAND HWY  
CLEWISTON, FL 33440 US

**FEI Number:** 20-8917653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DADE COUNTY CORPORATE AGENTS, INC.  
18901 NE. 29TH AVENUE  
SUITE 100  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** PATEL, SUNIL  
**Address:** 10901 PINE LODGE TRAIL  
**City-St-Zip:** DAVIE, FL 33328 US

**Title:** VSD  
**Name:** PATEL, USHA  
**Address:** 10901 PINE LODGE TRAIL  
**City-St-Zip:** DAVIE, FL 33328 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SUNIL PATEL

PTD

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date