## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # P07000085645  1. Entity Name SSGR INC.							04-04-2008 9	0019 028 **	*150.00
Principal Place of Business Mailing Address 3701 NE 200TH STREET 3701 NE 200TH STR AVENTURA, FL 33180 US AVENTURA, FL 3318							III 4814 ISTII 28111 STIII 28116 A	BIBI 18881 SII/N BKII BI	<b>381 8</b> //1881 17 1881
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03282008	Chg-P	CR2E034 (12/	06)
City & State		City & State			4. FEI Numb	0640156	,	Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificati	e of Status Desired	□ \$8.75 Fee Rec	Additional quired
	and Address of Current	Registered Agent		Name	7. Name an	d Address of New Reg	istered Agent		
SONABEND, SOL 3701 NE 200TH STREET AVENTURA, FL 33180					Street Address (P.O. Box Nurnber 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 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, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICE	ERS AND DIREC	TORS IN 11
TITLE NAME	D Delete TI				<b> </b>			☐ Chai	nge 🔲 Addition
STREET ADDRESS CITY-\$T-ZIP					EET ADDRESS '-ST-ZIP				
TITLE	P Delete TITL				- 1			☐ Cha	nge 🗌 Addition
NAME Street address	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				EE1 ADDRESS				
CITY-ST-ZIP					-ST-ZIP			П «	
TITLE NAME			☐ Delete	TITL NAM	ı			☐ Cha	nge 🗌 Addition -
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP				
TITLE			☐ Delete	TIIL		.,.		☐ Cha	nge Addition
NAME STREET ADDRESS				NAM Stri	EET ADORESS				
CITY-\$1-ZIP				-	-ST-ZIP				
TITLE NAME			Delete	TITL NAM	1			☐ Chai	nge
STREET ADDRESS CITY-ST-ZIP				1	EET ADDRESS '-ST-ZIP				
TITLE			☐ Delete	TITL				☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP	Certify that the	e information supplied with	this filing does not qualify t	L	emptions contained	Lin Chanter 11	9 Florida Statutos I fu	ther cartify that	he information
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.									
of the co- changed	rporation or the l, or on an atta	ne receiver or trustee emp achment with an address,	owered to execute this repor with all other like empowered	t as requi	OMNER	₹	les; and that my name a		O O / +3