


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P18372 1. Entity Name SSIL, INC.	
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Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 326 PALM BEACH, FL 33480	Mailing Address ROYAL POINCIANA PLAZA POST OFFICE BOX 11 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE

05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0051497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL, ROBERT
340 ROYAL POINCIANA WAY
SUITE 326
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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)


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	DATE 06/03/08-80028-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIEGEL, SIDNEY 132 SHEPPARD AVE WEST SUITE 100 NORTH YORK, ON m2n1m5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Apr 30/08 Daytime Phone # 46-222-5355