2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P93000034114

FILED Mar 17, 2008 08:00 A Secretary of State

1. Entity Name S.S.C.C., INC.				
Principal Place of Business 1480 SW 17TH ST BOCA RATON, FL 33686 US	Mailing Address 1480 SW 17TH ST BOCA RATON, FL 33686 U	JS		
DO NOT WRITE IN THIS SPAC		CE	03052008 No Chg-P C 4. FEI Number 65-0410418	CR2E034 (11/05) Applied For Not Applicable
	,			\$8.75 Additional Fee Required
6. Name and Address of Current Reg	istered Agent	-		•
SHAKIBI, SHERVIN 1480 SW 17TH ST BOCA RATON, FL 33486		DO NOT WRITE IN THIS SPACE		
The above named entity submits this statement for the obligations of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida	. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and to	de if applicable (NOTE Register)	ed Agent signature required	when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees	
10. OFFICERS AND DIR	ECTORS	•		
TITLE D			Company on the contract of	

10. OFFICERS AND DIRECTORS

1// ITLE

NAME
STREET ADDRESS
CITY-SI-ZIP
BOCA RATON, FL 33486

1// ITLE

U000000860178 04/02/08-80053-015 150.00

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:

NAME
STREET ADDRESS
CITY-SI-ZIP
THILE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2008 561-213-369

Daylima Phone #