

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000027167

1. Entity Name  
SOUTH SHORE INVESTMENTS LTD., INC.



Principal Place of Business  
16074 ROSECROFT TERRACE  
DELRAY BEACH, FL 33446 US

Mailing Address  
16074 ROSECROFT TERRACE  
DELRAY BEACH, FL 33446 US



01022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0487586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRISTINO, JOHN R  
16074 ROSECROFT TERRACE  
DELRAY BEACH, FL 33446

**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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRISTINO, JOHN 16074 ROSE CROFT TERRACE DELRAY BEACH, FL 33446
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000000351342  
06/04/08-80030-005 150.00

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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

Daytime Phone

5/1/08 38818 5396