2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95600016191

1. Entity Name

S & S INDUSTRIAL SERVICES, INC.



FILED Jan 16, 2004 08:00 AM Secretary of State

Principal Place of Business

Maiting Address

1770 SW 13TH CT

POMPANO BCH, FL 33069 US

P.O. BOX 450951 SUNRISE, FL 33345



DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

FEI Number
 65-0563104

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULEWSKI, PHILLIP J 12522 NW 10TH COURT SUNRISE, FL 33323

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the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required white renatating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P SULEWSKI, PHILLIP J 12522 N.W. 10TH COURT SUNRISE, FL					
TITLE NAME STREET ADDRESS C/TY-ST-ZIP	VPT SULEWSKI, STACEY M 12522 N.W. 10TH COURT SUNRISE, FL				000000006807 01/16/04-80050-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULEWSKI, PHILLIP J JR. 12522 N.W. 10TH COURT SUNRISE, FL. 33323		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). 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 withyall other like empowered.						

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