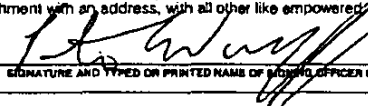


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-02-2005 90077 023 ****50.00
04-11-2005 90157 040 ***100.00

DOCUMENT # P96000071813					
1. Entity Name SOUTHERN STATE PROPERTIES, INC.					
Principal Place of Business 123 NW 13TH STREET 305A BOCA RATON, FL 33432			Mailing Address 5858 WINDSOR TERRACE BOCA RATON, FL 33496		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0695522	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFF, PETER 5858 WINDSOR TERRACE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	WOLFF, DARLENE J		NAME		
STREET ADDRESS	4074 NW 60TH CIRCLE		STREET ADDRESS	5858 WINDSOR TERRACE	
CITY - ST - ZIP	BOCA RATON, FL 33496		CITY - ST - ZIP	BOCA RATON, FL 33496	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	WOLFF, PETER S		NAME		
STREET ADDRESS	4074 NW 60TH CIRCLE		STREET ADDRESS	5858 WINDSOR TERRACE	
CITY - ST - ZIP	BOCA RATON, FL 33496		CITY - ST - ZIP	BOCA RATON, FL 33496	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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, with all other like empowered.					
SIGNATURE: 			2/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			Date Daytime Phone #		