2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2008 08:00 Al Secretary of State **DOCUMENT # P98000032280** S.S.G ENTERPRISE INC. Principal Place of Business Mailing Address 1290 SW 116 AVENUE 1290 SW 116 AVENUE **DAVIE, FL 33325 DAVIE, FL 33325** No Chg-P CR2E034 (11/05) 04072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0836827 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GRONDIN, STEPHAN 1290 SW 116 AVE FORT LAUDERDALE, FL 33325 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U000000880224 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/22/08-80086-009 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GRUNDIN, STEPHAN NAME STREET ADDRESS 1290 SW 116 AVE CITY-ST-ZIP FORT LAUDERDALE, FL 33325 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR

Date

954.816-0089

FILED