

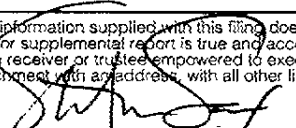


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000074762</b>			
1. Entity Name <b>S&amp;S PRODUCTS, INC.</b>			
Principal Place of Business <b>4444 SW 71 ST AVE., SUITE 105 MIAMI, FL 33155</b>		Mailing Address <b>4444 SW 71 ST AVE., SUITE 105 MIAMI, FL 33155</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0861598</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>BLOOM, KENNETH M 1110 BRICKEL AVE., 7TH FL MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	SILVERMAN, RUSSELL		
STREET ADDRESS	4444 SW 71 AVE, SUITE 105		
CITY - ST - ZIP	MIAMI, FL 33155		
TITLE	D		
NAME	SILVERMAN, DEBORAH		
STREET ADDRESS	4444 SW 71 AVE, SUITE 105		
CITY - ST - ZIP	MIAMI, FL 33155		
TITLE	D		
NAME	SAX, STUART		
STREET ADDRESS	4444 SW 71 AVE, SUITE 105		
CITY - ST - ZIP	MIAMI, FL 33155		
TITLE	D		
NAME	SAX, LAUREN		
STREET ADDRESS	4444 SW 71 AVE, SUITE 105		
CITY - ST - ZIP	MIAMI, FL 33155		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(f), 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: 		STUART SAX	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		3-31-04	305-665-6376