


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000087646

1. Entity Name
STRUCTURAL SYSTEMS (SOUTH BAY) INC.



Principal Place of Business
**800 U S 27 N
SOUTH BAY, FL 33493**

Mailing Address
**PO BOX 7105
SOUTH BAY, FL 33493**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

Roberts MAY 27 2005

FILED

05 MAY 23 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(P98000087646P)

05182005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0942951

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOGUL, DAVID
2810 EAST OAKLAND PARK BLVD.
STE 102
FT. LAUDERDALE, FL 33306**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code
8000555 FL 33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, effective on the State of Florida, by a family who, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Amended AR is \$61.25

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	P AMBROSE, JOHN 800 U S 27 N, PO BOX 7105 SOUTH BAY, FL 33493 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VFA CIAPPINA, CAROL A 800 U S 27 N, PO BOX 7105 SOUTH BAY, FL 33493 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GHAZAL, JEAN P 800 U S 27 N, PO BOX 7105 SOUTH BAY, FL 33193 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ROMERIL, BARRY D 800 U S 27 N, PO BOX 7105 SOUTH BAY, FL 33493 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD / CFO CIAPPINA, CAROL A 800 U S 27 N, PO BOX 7105 SOUTH BAY, FL 33493 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GHAZAL, JEAN P 800 U S 27 N, PO BOX 7105 SOUTH BAY, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol A. Ciappina* **Carol A. Ciappina / CFO** **May 20, 2005** **561-992-5050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #