2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # P99000033249 ss guys, inc.		
Principal Place of Business Mailing Address 3030 SW 165 AVE. 3030 SW 165 AVE. MIRAMAR, FL 33027 MIRAMAR, FL 33027) UDSINSEEL 158-10118 (881) BEKKN DOKKN BEHN BEKREU NKREUNKE WON BURID NEKKOOK NI KEED
DO NOT WRITE IN THIS SPACE			D3162006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0925400 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AVILA, JESUS F 3030 SW 165 AVE MIRAMAR, FL 33029			DO NOT WRITE 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. (am familiar with, and accept the obligations of registered agent SIGNATURE Signature. Signature. Signature. Signature or printed name of registered agent, and title of explicable. (RIGTE Registered Agent signature required when reinstating) DATE FILE NOWITI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution,			
10. HILE NAME SIREE ADDRESS CITY-S1-ZIP HILE MAME SIREET ADDRESS CITY-S1-ZIP	OFFICERS AND DIRECTORS P AVILA, JESUS F 3030 SW 165 AVE. MIRAMAR, FL 33029		U00000483372 04/11/06-80119-005 150.00
NTLE NAME SIRELI ADDRESS GITY-SI-ZIP TITLE NAME SIRELI ADDRESS CITY-SI-ZIP			DO NOT WRITE IN THIS SPACE
THE NAME SHEEL ADDRESS CITY-ST-ZIP DITLE MASAC STREET ADDRESS CITY-ST-ZIP	e, by that the information symption with this filling does not qualify for the		Observed 440. Florida Observed (further conflict that the information

Increase the minimal way that we intermission supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated or this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cett, 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:

SIGNATURE

**SIGNATURE*