


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000096952

1. Entity Name
S & S ENGINEERING, INC.



Principal Place of Business 6600 N.W. 27 AVENUE, W-109 MIAMI, FL 33147	Mailing Address 6600 N.W. 27 AVENUE, W-109 MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1124598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JERRY
6600 N.W. 27 AVENUE, W-109
MIAMI, FL 33147

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SMITH, JERRY 6600 N.W. 27 AVENUE, W-109 MIAMI, FL 33147
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **8-18-06** **305 8350688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #