

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90075 017 ***150.00

DOCUMENT # P99000107601

1. Entity Name

S2 D2, INC.



Principal Place of Business

1865 BRICKELL AVENUE, #A-1407
MIAMI FL 33129

Mailing Address

1865 BRICKELL AVENUE, #A-1407
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0977119

Applied For
Not Applicable

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



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YASMINE, SAMMY
1865 BRICKELL AVENUE, #A-1407
MIAMI FL 33129

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME SAMIMY, YASMINE
STREET ADDRESS 1865 BRICKELL AVENUE, #A-1407
CITY-ST-ZIP MIAMI FL 33129

TITLE DIRECTOR ☒ Change ☐ Addition
NAME Yasmine Samimy
STREET ADDRESS 1865 BRICKELL AVENUE #A813
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8.25.2004 305-854-1966

P99 000/07601

To Whom it may concern:

Please accept my check for \$150.00 to renew my Corporate Annual Report.

I did not receive the documents/reminder due to a change in address.

Please accept my apologies.

Thank you and regards,



Yasmine Samimy
Director
S2D2, Inc.

1865 Brickell Avenue
Suite #A-813
Miami, FL 33129

305.854.1966

305.666.8302

ysamimy@bellsouth.net