

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S74413**

1. Entity Name  
**S AND S IMPORT AND INVESTMENT, INC.**



Principal Place of Business  
**437 GOLDEN ISLES DR.  
9B-C  
HALLANDALE, FL 33009**

Mailing Address  
**437 GOLDEN ISLES DRIVE, 9B-C  
HALLANDALE, FL 33009**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0281834</b>	Applied For 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**

**GUTKIND, SHLOMO  
437 GOLDEN ISLES DRIVE  
9-B-C  
HALLANDALE, FL 33009**

**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. 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 \$150.00  
Due by September 8, 2004**

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	DP GUTKIND, SHLOMO 2025 N.E. 164TH ST. 510 NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GUTKIND, SHLOMO 437 GOLDEN ISLES DR. # 9-B-C HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUTKIND, SARAH 437 GOLDEN ISLES DR. # 9-B-C HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GUTKIND, SHLOMO 437 GOLDEN ISLE D. # 9-B-C HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUTKIND, SARAH 437 GOLDEN ISLES DR. # 9-B-C HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. GUTKIND, SARAH 437 GOLDEN ISLES DR. # 9-B-C HALLANDALE, FL 33009

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07/12/04-80008-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Shlomo Gutkind*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #