


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000058750	
1. Entity Name S3 PARTNERS, INC.	

Principal Place of Business 6498 N.W. 31ST TERRACE BOCA RATON, FL 33496	Mailing Address 6498 N.W. 31ST TERRACE BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0873110	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	
ADLER, STEVEN 6498 N.W. 31ST TERRACE BOCA RATON, FL 33496	

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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: *[Signature]* DATE: 1/16/05

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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADLER, SYLVIA 90 EDGEWATER DRIVE UNIT #524 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GASMAN, SHERYL 90 EDGEWATER DRIVE APT. #825 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADLER, STEVEN 6498 N.W. 31ST TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/25/05-80006-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* DATE: 1/16/05 DAYTIME PHONE #: 561-994-6807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR