2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 20, 2006 08:00 AN DOCUMENT # P98000058750 **Secretary of State** S3 PARTNERS, INC. Principal Place of Business Mailing Address 6498 N.W. 31ST TERRACE 6498 N.W. 31ST TERRACE BOCA RATON, FL 33496 BOCA RATON, FL 33496 01292006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0873110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADLER, STEVEN DO NOT WRITE **6498 N.W. 31ST TERRACE** BOCA RATON, FL 33496 IN THIS SPACE . 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: Beginned Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ADLER, SYLVIA 90 EDGEWATER DRIVE UNIT #524 STREET ADDRESS. UG0000441840 CITY-ST-ZP CORAL GABLES, FL 33133 03/03/06-80052-018 150.00 TILE GASMAN, SHERYL STREET ADDRESS 90 EDGEWATER DRIVE APT. #825 CORAL GABLES, FL 33133 CITY-ST-ZiP ADLER, STEVEN NAME **6498 N.W. 31ST TERRACE** STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BOCA RATON, FL 33496 meIN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

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NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZP

LATURE AND TYPED OR PRINTED HAME OF MONING OFFICER OR DIRECTOR

(561)-994 -6327