## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000011693

PO BOX 813

KATONAH, NY 10536

Address: City-St-Zip:

Entity Name: SBR REALTY CORPORATION

FILED Apr 21, 2009 Secretary of State

Entity Name: SBR REALTY CORPORATION					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	CEAN DRIVE OOD, FL 3340	7			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 86 KATONAH	03 I, NY 10536				
FEI Number:	65-0556128	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CARBENE, LOUIS 11 SOUTH SWINTON AVE DELRAY BEACH, FL 33444 US			CARBONE, LOUIS 90 SE 4TH AVENUE SUITE 1 DELRAY BEACH, FL 3	90 SE 4TH AVENUE	
The above in the State	named entity of Florida.	submits this statement for the po	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: LOUIS CARBONE				04/21/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ROSNER, CHA PO BOX 803 KATONAH, NY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( YACHBES, BA 780 N.W. 100T PLANTATION,	H TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D ( ROSNER, FRA	) Delete NCES	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHARLES ROSNER D 04/21/2009