

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90001 035 \*\*\*150.00

**DOCUMENT # P99000009499**

1. Entity Name  
**SBCM HOLDINGS INCORPORATED**



Principal Place of Business

~~150 SE SECOND AVE.~~  
~~SUITE 1007~~  
~~MIAMI, FL 33131~~

Mailing Address

~~150 SE SECOND AVE.~~  
~~SUITE 1007~~  
~~MIAMI, FL 33131~~

**54060066**

2. Principal Place of Business

**701 Brickell Key Blvd**  
Suite, Apt. #, etc.  
**412**

3. Mailing Address

**701 Brickell Key Blvd**  
Suite, Apt. #, etc.  
**412**

City & State

**Miami FL**

City & State

**Miami FL**

07022004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0964633**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip  
**33131-2676**

Country

**Miami-Dade**

Zip  
**33131-2676**

Country

**Miami-Dade**

6. Name and Address of Current Registered Agent

**JOHNSON, ETHAN W**  
**200 S. BISCAYNE BLVD., #5300**  
**MIAMI, FL 33131-2339**

7. Name and Address of New Registered Agent

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 \$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  
**D COLLOPY, JOHN F JR.** ☒ Delete  
**4045 SHERIDAN AVENUE, SUITE 432**  
**MIAMI BEACH, FL 331403665**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chairman** ☐ Change ☒ Addition  
**Bruce S. Foerster**  
**701 Brickell Key Blvd #412**  
**Miami FL 33131-2676**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

**02 July 2004**

Date

**305.358.3232**

Daytime Phone #