

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000005779

**Entity Name:** SBS FINANCIAL ADVISORS, INC.

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC2919854908**

**Current Principal Place of Business:**

595 S FEDERAL HWY  
SUITE 500  
BOCA RATON, FL 33432

**Current Mailing Address:**

595 S FEDERAL HWY  
SUITE 500  
BOCA RATON, FL 33432 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JACOBS, STEVEN C  
595 S FEDERAL HWY  
SUITE 500  
BOCA RATON, FL 33432 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name DESTEFANIS, PAUL D  
Address 595 S FEDERAL HWY STE 500  
City-State-Zip: BOCA RATON FL 33432

Title PCEC  
Name LEEDS, MARSHALL  
Address 595 S FEDERAL HWY STE 500  
City-State-Zip: BOCA RATON FL 33432

Title VD  
Name JACOBS, STEVEN  
Address 595 S FEDERAL HWY STE 500  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name COHEN, SANFORD  
Address 595 S FEDERAL HWY STE 500  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name HARVEY, WILLIAM  
Address 595 S FEDERAL HWY STE 500  
City-State-Zip: BOCA RATON FL 33432

*I hereby 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 all other like empowered.*

**SIGNATURE: STEVEN JACOBS**

**DIRECTOR**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date