

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 839493

**Entity Name:** SBHU LIFE AGENCY, INC.

**Current Principal Place of Business:**

1585 BROADWAY  
NEW YORK, NY 10036

**Current Mailing Address:**

1585 BROADWAY  
NEW YORK, NY 10036 US

**FEI Number: 13-2896238**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ASSISTANT SECRETARY  
Name AARON, GUTH  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title PRESIDENT  
Name RONKE, DESALU-DOTTIN  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title TREASURER  
Name ANITA, RIOS  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title SECRETARY  
Name MARY LAURIE, CECE  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name EDWARD, CASEY  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name STEVE, NEZAS  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name SCOTT, STEEL  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name CAROLINE, KAHN  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

**Continues on page 2**

*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: AARON GUTH**

**ASSISTANT SECRETARY**

**04/19/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name TERENCE, AVELLA  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name MARY LAURIE, CECE  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name JOSEPH, TOLEDANO  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name ANTHONY, BUNNELL  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name RONKE, DESALU-DOTTIN  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036