




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 005 ***150.00

DOCUMENT # F02000003758 1. Entity Name S&B RETAIL, INC.					
Principal Place of Business 455 ROUTE 17 SOUTH PARAMUS, NJ 07652			Mailing Address ONE STEINWAY PLACE LONG ISLAND CITY, NY 11105		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 800 South Street Suite, Apt. #, etc. Suite 305 City & State Waltham, MA 02453 Zip Country			
4. FEI Number 22-3483527				Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STEVENS, BRUCE A 800 SOUTH ST., STE. 305 WALTHAM, MA 02453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MESSINA, DANA D 11150 SANTA MONICA BLVD., STE. 700 LOS ANGELES, CA 90025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD KIRKLAND, KYLE R 11150 SANTA MONICA BLVD., STE. 700 LOS ANGELES, CA 90025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT HANSON, DENNIS M 800 SOUTH ST., STE. 305 WALTHAM, MA 02453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS MAZURCO, FRANK M STEINWAY PLACE & 19TH AVE LONG ISLAND CITY, NY 11105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC TORTORA, DENNIS J STEINWAY PLACE & 19TH AVE LONG ISLAND CITY, NY 11105	<input type="checkbox"/> Delete			
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:  CFO 4/14/05 Date Daytime Phone #					