

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003715

Entity Name: SB MIRACLE REALTY CORP.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON BLVD. SUITE 420
C/O THE TALISMAN COMPANIES INC.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD. SUITE 420
C/O THE TALISMAN COMPANIES INC.
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-3955571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAESON, ROBERT W
4000 PONCE DE LEON BLVD. SUITE 420
C/O THE TALISMAN COMPANIES INC.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SCHLESINGER, JAMES A
Address: 4000 PONCE DE LEON BLVD. SUITE 420
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: BRODT, ALEXANDER
Address: 4000 PONCE DE LEON BLVD. SUITE 420
City-St-Zip: CORAL GABLES, FL 33146

Title: VS () Delete
Name: OLAESON, ROBERT W
Address: 4000 PONCE DE LEON BLVD. SUITE 420
City-St-Zip: CORAL GABLES, FL 33146

Title: DV () Delete
Name: MOURIZ, MICHAEL
Address: 4000 PONCE DE LEON BLVD. SUITE 420
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES A. SCHLESINGER

P

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date