

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90046 041 \*\*\*150.00

<b>DOCUMENT # G49764</b> 1. Entity Name <b>SABCO REALTY INVESTMENTS, INC.</b>					
Principal Place of Business <b>5610 PGA BLVD SUITE 114 PALM BEACH GARDENS FL 33418 US</b>			Mailing Address <b>5610 PGA BLVD SUITE 114 PALM BEACH GARDENS FL 33418 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2383678</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SABATELLO, CARL M 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS FL 33418</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SABATELLO, CARL M		NAME	PAUL T SABATELLO	
STREET ADDRESS	5610 PGA BLVD, #114		STREET ADDRESS	5610 PGA BLVD, SUITE 114	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SABATELLO, MICHAEL		NAME	THEODORE P SABATELLO	
STREET ADDRESS	5610 PGA BLVD, #114		STREET ADDRESS	5610 PGA BLVD, SUITE 114	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>CARL M. SABATELLO</u> <u>2/7/06</u> <u>626-7600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT  
66003792

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

SABCO REALTY INVESTMENTS, INC.  
5610 PGA BLVD  
SUITE 114  
PALM BEACH GARDENS, FL 33418 US

Subject: SABCO REALTY INVESTMENTS, INC.

Reference Number: 649764

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM  
ANNUAL REPORTS SECTION