


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M58989	
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1. Entity Name
SBM INVESTMENTS, INC.

Principal Place of Business
C/O SHELDON B MILLER
2875 NE 191ST ST SUITE 702A
MIAMI, FL 33180 US

Mailing Address
C/O SHELDON B MILLER
2875 NE 191ST ST SUITE 702A
MIAMI, FL 33180 US



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0004841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, SHELDON B
2875 NE 191ST ST.
SUITE 702A
MIAMI, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, SHELDON B. 2875 NE 191ST ST SUITE 702A MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, JEFFREY M 2875 NE 191ST ST SUITE 702 A MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, MATTHEW W 2875 NE 191ST ST SUITE 702A MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/04-80054-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Sheldon B. Miller) Jan 15, 2004 (305) 931-9975