


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # M58989**

1. Entity Name  
**SBM INVESTMENTS, INC.**



Principal Place of Business      Mailing Address

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



02212005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0004841**      Not Applicable

5. Certificate of Status Desired        **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000247385  
 03/01/05-80020-005 150.00

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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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 of 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: Sheldon B. Miller      2/24/05      (305) 931-9975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Sheldon B. Miller