

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068867

Entity Name: SBA PUERTO RICO, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

5900 BROKEN SOUND PKWY NW
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

5900 BROKEN SOUND PKWY NW
ATTN: LEGAL DEPT.
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-1024871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCEO () Delete
Name: STOOPS, JEFFERY A
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: COO () Delete
Name: BAGWELL, KURT
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: S/GC () Delete
Name: HUNT, THOMAS P
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CAO () Delete
Name: CAVANAGH, BRENDAN
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: V/T () Delete
Name: KLINE, PAMELA J
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CFO () Delete
Name: MACAIONE, ANTHONY J
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

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: CAO (X) Change () Addition
Name: CAVANAGH, BRENDAN
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: VP/T (X) Change () Addition
Name: KLINE, PAMELA J
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

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: THOMAS P. HUNT

S/GC

01/09/2008

Electronic Signature of Signing Officer or Director

Date