

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90017 016 ***150.00

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1. Entity Name
S.F.B. TRAINING, INC.



Principal Place of Business
12425 TAFT STREET
PINES ICE ARENA 2ND FLOOR
PEMBROKE PINES, FL 33028

Mailing Address
12425 TAFT STREET
PINES ICE ARENA 2ND FLOOR
PEMBROKE PINES, FL 33028

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0384528

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CEDAR, TREVOR
12425 TAFT STREET
PINES ICE ARENA 2ND FLOOR
PEMBROKE PINES, FL 33028

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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	D P
NAME	CEDAR, TREVOR
STREET ADDRESS	12425 TAFT STREET 2ND FLOOR
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	S
NAME	CEDAR, JULIE
STREET ADDRESS	800 WEST AVENUE APT. 623
CITY-ST-ZIP	MIAMI BEACH, FL 33139
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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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)(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 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: **TREVOR CEDAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

954-436-6656

Daytime Phone #