

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010667

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

FILED  
Mar 04, 2005  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

2148 N.E. 164TH STREET  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 03-0384528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CEDAR, TREVOR  
12425 TAFT STREET  
PINES ICE ARENA 2ND FLOOR  
PEMBROKE PINES, FL 33028 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: DP ( ) Delete  
Name: CEDAR, TREVOR  
Address: 12425 TAFT STREET 2ND FLOOR  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Delete  
Name: CEDAR, JOLIE  
Address: 800 WEST AVENUE APT. 623  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CEDAR, TREVOR N  
Address: 270 GRANDCONCOURSE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: S (X) Change ( ) Addition  
Name: CEDAR, JOLIE D  
Address: 270 GRANDCONCOURSE  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TREVOR CEDAR

P

03/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date