FILED
Jun 02, 2003 8:00 am
Secretary of State
05-05-2003 91164 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000039775

1. Entity Name
SBK GROUP, INC.

55045349

Principal Place of Business	Mailing Address
4905 OXFORD CIRCLE BOCA RATON, FL 33434	4905 OXFORD CIRCLE BOCA RATON, FL 33434

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5994 SW 18th Street	5994 SW 18th Street
Suite, Apt. #, etc.: Suite D8	Suite, Apt. #, etc.: Suite D8
City & State: Boca Raton FL	City & State: Boca Raton Fl.
Zip: 33433 Country: WPB	Zip: 33433 Country: WPP

4. FEI Number: 01-0677-1778 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONAGHAN, TIMOTHY E ESQ
STRAWN MONAHAGN & COHEN PA
64 NE 4TH AVENUE
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name: John A. Makris, CPA, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1903 S. Congress Avenue
Suit 350
City: Boyton Beach FL Zip Code: 33426

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] 4/24/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGERMAN, MARISA P 4905 OXFORD CIRCLE BOCA RATON, FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGERMAN, ANTHONY 4905 OXFORD CIRCLE BOCA RATON, FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)