


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91259 044 ***150.00

DOCUMENT # P02000063972

1. Entity Name
S & B - WAY, INC.



Principal Place of Business
**500 CYPRESS POINT DRIVE WEST
 PEMBROKE PINES, FL 33027**

Mailing Address
**9655 W. BROWARD BLVD.
 PLANTATION, FL 33324**

94083906



2. Principal Place of Business
**17137 MIRAMAR PARKWAY
 Suite, Apt. #, etc.
 B-7**

3. Mailing Address
**10097 CLEARY BLVD
 Suite, Apt. #, etc.
 505**

04282004 Chg-P CR2E034 (10/03)

City & State
MIRAMAR, FL

City & State
PLANTATION, FL

4. FEI Number
71-0889092

Applied For
 Not Applicable

Zip
33027

Country
U.S.A.

Zip
33324

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, HARVEY ESQ.
 1900 NW CORPORATE BLVD
 SUITE 301 WEST
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
CHARLES SERABIAN

Street Address (P.O. Box Number is Not Acceptable)
10097 CLEARY BLVD #505

City
PLANTATION

State
FL

Zip Code
33324

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]* **CHARLES SERABIAN** Director **4-30-04**

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	<input type="checkbox"/> Delete
NAME	BLATTMAN, STEPHEN	
STREET ADDRESS	500 CYPRESS POINT DRIVE WEST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERABIAN, CHARLES	
STREET ADDRESS	11950 NW 6 STREET	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATTMAN, STEPHEN	
STREET ADDRESS	400 N PINE ISLAND RD #300	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **Director** **4-30-04** **954 7820295**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #