


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90055 031 \*\*\*150.00

<b>DOCUMENT # P02000063972</b>	
1. Entity Name <b>S &amp; B - WAY, INC.</b>	

Principal Place of Business <b>17137 MIRAMAR PKWY. MIRAMAR, FL 33027</b>	Mailing Address <b>10097 CEARY BLVD. PLANTATION, FL 33324</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>11950 NW 6 ST</b>  Suite, Apt. #, etc.
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City & State  <b>PLANTATION, FL</b>	4. FEI Number <b>71-0889092</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33325</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required



01312005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  <b>SERABIAN, CHARLES 10097 CLEARY BLVD. #505 PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name <b>SERABIAN, CHARLES</b> Street Address (P.O. Box Number is Not Acceptable)  <b>11950 NW 6 ST</b> City <b>PLANTATION</b> <b>FL</b> Zip Code <b>33325</b>	
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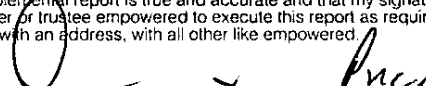
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLATTMAN, STEPHEN</b> <b>400 N PINE ISLAND RD., #300</b> <b>PLANTATION, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SERABIAN, CHARLES</b> <b>11950 NW 6 STREET</b> <b>PLANTATION, FL 33325</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **2-10-05** **954** **7920296**

Date Daytime Phone #