
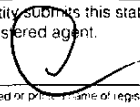
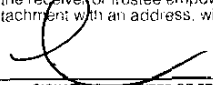


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90084 009 ***150.00

DOCUMENT # P02000063972			
1. Entity Name S & B - WAY, INC.			
Principal Place of Business 17137 MIRAMAR PKWY. MIRAMAR, FL 33027		Mailing Address 3550 GALT OCEAN DRIVE 3 1102 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # 400 N PINE ISLAND RD		3. Mailing Address 400 N PINE ISLAND RD	
Suite. Apt. #, etc. 300		Suite. Apt. #, etc. 300	
City & State PLANTATION, FLORIDA		City & State PLANTATION, FLORIDA	
Zip 33324	Country USA	Zip 33324	Country USA
6. Name and Address of Current Registered Agent SERABIAN, CHARLES 11950 NW 6 ST PLANTATION, FL 33325		4. FEI Number 71-0889092	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Chg-P CR2E034 (12/06)	
Name CHARLES B SERABIAN			
Street Address (P.O. Box Number is Not Acceptable) 400 N PINE ISLAND RD #300			
City PLANTATION		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 		CHARLES SERABIAN 4/20/07	
Signature, typed or printed name of registered agent as applicable (NOTE: Registered Agent signature required when reconstituting)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME BLATTMAN, STEPHEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 400 N PINE ISLAND RD., #300	CITY-ST-ZIP PLANTATION, FL 33324	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	NAME SERABIAN, CHARLES	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11950 NW 6 STREET	CITY-ST-ZIP PLANTATION, FL 33325	NAME SERABIAN, CHARLES	
		STREET ADDRESS 400 N PINE ISLAND RD #300	
		CITY-ST-ZIP PLANTATION, FL 33324	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		SEC/TAL CHARLES SERABIAN 4/20/07 954 232 0524	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	