2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 08:00 AN Secretary of State

DOCUMENT # P0200006 1. Entity Name S & B - WAY, INC.		
Principal Place of Business	Mailing Address	
400 N. PINE ISLAND RD 300 PLANTATION, FL 33324	400 n. Pine Island RD 300 Plantation, FL 33324	

400 N. PINE 300 PLANTATION	,	OU N. PINE ISLAND RD 300 PLANTATION, FL 33324					
DO NOT WRITE IN THIS SPACE		CE	04242008 4. FEI Numbe 71-088	No Chg-P	CR2E03	4 (11/05) Applied For Not Applicable 8.75 Additional ee Required	
	6. Name and Address of Current Regi	stered Agent					
400 N. PIN #300	N, CHARLES IE ISLAND RD ON, FL 33324				NOT W THIS SP	•	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating). DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	,	,	٠.		• •
TITLE NAME STREET ADDRESS CHY-SI-ZIP	D BLATTMAN, STEPHEN 400 N PINE ISLAND RD., #300 PLANTATION, FL 33324			•	Ucono	ነፙፙፙፙጠ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERABIAN, CHARLES 400 N. PINE ISLAND RD #300 PLANTATION. FL 33324		4		05/22/08	1-80038 1-80038	-012 i 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Δ						
12. I hereby o	ertify that the information supplied with this	filing does not qualify for the exe	mptions contained	I in Chapter 119	, Florida Statutes. I	further certif	y that the information

12. Thereby certry that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certry 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-3100 CS 73310