

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105502

FILED
Jun 30, 2009
Secretary of State

Entity Name: SB SOUTH FLORIDA INVESTMENTS, INC.

Current Principal Place of Business:

6447 MIAMI LAKES DR E 203-J
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

6447 MIAMI LAKES DR E 203-J
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 33-1092150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVADI, GERONIMO A
1835 NE MIAMI GARDENS DRIVE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

SILVA DI GERONIMO, ADOLFO
1835 NE MIAMI GARDENS DRIVE
MIAMI, FL 33179 US

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.

SIGNATURE: ADOLFO SILVA DI GERONIMO

06/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: SILVA DI GERONIMO, ADOLFO J
Address: 1835 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: DV () Delete
Name: SILVA, MARIANELLA
Address: 1835 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: DV () Delete
Name: SILVA, MARIA NELLY
Address: 1835 NE MIAMI GARDENS DR
City-St-Zip: MIAMI, FL 33179

Title: DV () Delete
Name: SILVA, MARIADELLY
Address: 1835 NE MIAMI GARDENS DR
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLFO SILVA DI GERONIMO

DPTS

06/30/2009

Electronic Signature of Signing Officer or Director

Date