

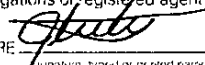
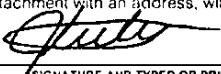


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 031 ***150.00

DOCUMENT # P03000017559 1. Entity Name SBS BROTHERS, CORP.																													
Principal Place of Business 1219 NW 35 STREET MIAMI, FL 33142			Mailing Address 1219 NW 35 STREET MIAMI, FL 33142																										
2. Principal Place of Business - No P.O. Box # 1219 NW 35 ST. Suite, Apt. #, etc. MIAMI City & State FL. Zip 33142		3. Mailing Address 1219 NW 35 ST. Suite, Apt. #, etc. MIAMI City & State FL. Zip 33142																											
4. FEI Number 56-2316341				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent TORRES, JOSE 1219 NW 35 STREET MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Jose Torres Street Address (P.O. Box Number is Not Acceptable) 1219 NW 35 ST. City MIAMI FL 33142																										
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  DATE 04-26-08 <small>(NOTE: Registered Agent signature required when reappointing.)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TORRES, JOSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1219 NW 35 STREET</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>MIAMI, FL 33142</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	TORRES, JOSE		STREET ADDRESS	1219 NW 35 STREET		CITY ST ZIP	MIAMI, FL 33142		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY ST ZIP		
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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:  Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													