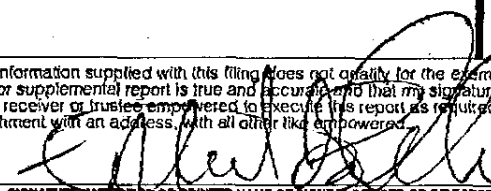


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000018258			
1. Entity Name SBBM INC			
Principal Place of Business 11730 N.56TH STREET TAMPA, FL 33617-1602	Mailing Address 11730 N.56TH STREET TAMPA, FL 33617-1602		
DO NOT WRITE IN THIS SPACE			
		02172006 No Chg-P CRZE034 (11/05)	
		4. FEI Number 20-0002608	Applied For ☐ Not Applicable ☐
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ATUL, SOLANKI 11730 N.56TH STREET TAMPA, FL 33617-1602		DO NOT WRITE IN THIS SPACE	
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 installing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000478757 04/08/06-80018-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLANKI, ATUL 11730 N.56TH STREET TAMPA, FL 336171602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLANKI, KALPANA A 11730 N.56TH ST TAMPA, FL 336171602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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: 		3-19-06 - 813.985-5514	
SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	