# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004**
**Secretary of State**

DOCUMENT# P03000018645

**Entity Name:** S.B.S. PRODUCTS, INC.

**Current Principal Place of Business:**

7601 EAST TREASURER DR., PH 224
NORTH BAY VILLAGE, FL 33144

**New Principal Place of Business:**

150 SE 2 AVENUE
SUITE 1010
MIAMI, FL 33131 US

**Current Mailing Address:**

7601 EAST TREASURER DR., PH 224
NORTH BAY VILLAGE, FL 33144

**New Mailing Address:**

610 MARISON STREET
SUITE 101
ALEXANDRIA, VA 22314

**FEI Number: 82-0588825** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STILLI, MARCO
7601 EAST TREASURER DR., PH 224
NORTH BAY VILLAGE, FL 33144

**Name and Address of New Registered Agent:**

FINLEY, CHANDLER R ESQ
150 SE 2 AVENUE
SUITE 1010
MIAMI, FL 33131

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: FINLEY, CHANDLER R. 04/29/2004
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: STILLI, MARCO
Address: 7601 EAST TREASURER DR., PH 224
City-St-Zip: NORTH BAY VILLAGE, FL 33144

Title: D ( ) Delete
Name: BEATSON, ANSELM
Address: VIA CAGNOLA 7
City-St-Zip: 20154 MILANO, ITALY,

Title: D ( ) Delete
Name: SPECOGNA, ALDO
Address: VIA ROMA 13/11
City-St-Zip: 33044 MANZANO (UDINE) ITALY,

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STILLI, MARCO D 04/29/2004
Electronic Signature of Signing Officer or Director Date