


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 043 ***150.00

DOCUMENT # P03000019188 1. Entity Name SBA DEVELOPMENT GROUP, INC.					
Principal Place of Business 3011 NE 21ST AVE. LIGHTHOUSE POINT, FL 33064			Mailing Address 3011 NE 21ST AVE. LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business 1621 No. DIXIE Hwy Suite, Apt. #, etc. Pompano Beach City & State FLORIDA Zip 33060		3. Mailing Address 1941 No. DIXIE Hwy Suite, Apt. #, etc. Pompano Beach, City & State FLORIDA Zip 33060			
Country Broward		Country Broward		4. FEI Number 54-2096654	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent COLANGELO, ANTHONY 3011 NE 21ST AVE. LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name ANTHONY COLANGELO Street Address (P.O. Box Number is Not Acceptable) 1941 No. DIXIE HWY Pompano Beach, FL 33060 City FL Zip Code		
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 <u><i>Anthony Colangelo</i></u> DATE <u>2/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COLANGELO, ANTHONY 3011 NE 21ST AVE. LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLANGELO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1941 No. DIXIE HWY Pompano Beach, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAWSON BARRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1941 No. DIXIE HWY Pompano Beach, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEROSARIO, ANTONIO S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1941 No. DIXIE HWY Pompano Beach, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Anthony Colangelo - Director</i></u> DATE <u>2/20/04</u> DAYTIME PHONE # <u>(954) 298-8979</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					