

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000019188

1. Entity Name
SBA DEVELOPMENT GROUP, INC.



Principal Place of Business
**1621 N. DIXIE HWY
POMPANO BEACH, FL 33060**

Mailing Address
**1941 N. DIXIE HWY
#7
POMPANO BEACH, FL 33060**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 54-2096654 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**COLANGELO, ANTHONY
1941 N. DIXIE HWY
#7
POMPANO BEACH, FL 33060**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | COLANGELO, ANTHONY |
| STREET ADDRESS | 1941 N. DIXIE HWY #7 |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 |
| TITLE | D |
| NAME | DAWSON, BARRY |
| STREET ADDRESS | 1941 N. DIXIE HWY #7 |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 |
| TITLE | D |
| NAME | DEROSARIO, ANTONIO S |
| STREET ADDRESS | 1941 N. DIXIE HWY #7 |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/25/07-80056-017 150.00

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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: Anthony Colangelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07 (954) 298-8979
Date Daytime Phone #