


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90009 047 ***150.00

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
---	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 2240 No. Federal Hwy Suite D City & State Pompano Beach Zip 33062 Country Broward
---	---

4000001



01062008 Chg-P CR2E034 (12/06)

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	
7. Name and Address of New Registered Agent Name Anthony Colangelo Street Address (P.O. Box Number is Not Acceptable) 2240 D No. Federal Hwy City Pompano Beach FL Zip Code 33062	

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 *Anthony Colangelo* DATE 1/7/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLANGELO, ANTHONY 1941 N. DIXIE HWY #7 POMPANO BEACH, FL 33060 33062 <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	D DAWSON, BARRY 1941 N. DIXIE HWY #7 POMPANO BEACH, FL 33060 <input checked="" 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	D DEROSARIO, ANTONIO S 1941 N. DIXIE HWY #7 POMPANO BEACH, FL 33060 33062 <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
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 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* DATE 1/7/08 (954) 298-8979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR