

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052527

Entity Name: SBD FOODS, INC.

FILED  
Feb 10, 2005  
Secretary of State

**Current Principal Place of Business:**

5100 TOWN CENTER CIRCLE  
SUITE 400  
BOCA RATON, FL 33486

**Current Mailing Address:**

5100 TOWN CENTER CIRCLE  
SUITE 400  
BOCA RATON, FL 33486

FEI Number: 20-0973462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

4302 ALTON ROAD  
STE 710  
MIAMI BEACH, FL 33140

**New Mailing Address:**

4302 ALTON ROAD  
STE 710  
MIAMI BEACH, FL 33140

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

CORPDIRECT AGENTS, INC.  
103 N MERIDIAN ST  
LOWER LEVEL  
TALLAHASSEE, FL 32301 US

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

DEVLIN, TIMOTHY R  
DASZKAL BOLTON, LLP  
2401 NW BOCA RATON BLVD  
BOCA RATON, FL 33431 US

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: TIMOTHY R. DEVLIN

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: AGATSTON, ARTHUR S  
Address: 4302 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Change (X) Addition  
Name: AGATSTON, SARI  
Address: 4302 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

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: ARTHUR S. AGATSTON

P

02/10/2005

Electronic Signature of Signing Officer or Director

Date