


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90009 019 \*\*\*550.00

DOCUMENT # P04858			
1. Entity Name PB-SB INVESTMENTS INC			
Principal Place of Business 388 GREENWICH ST. NEW YORK, NY 10013 US		Mailing Address 388 GREENWICH ST. NEW YORK, NY 10013 US	
2. Principal Place of Business		3. Mailing Address <i>3800 Citigroup Center Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>92-18</i>	
City & State		City & State <i>Tampa, FL</i>	
Zip		Zip <i>33610</i>	
Country		Country	
4. FEI Number 13-3138080		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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD KLEINMAN, MARK 388 GREENWICH ST NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Asst. Secretary</i> <i>Robyn Gorkel</i> <i>3800 Citigroup Center Dr.</i> <i>Tampa, FL 33610</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIUNTA, JOSEPH 388 GREENWICH ST NEW YORK, NY 10048	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Scott Fridennich</i> <i>388 Greenwich Street</i> <i>New York, NY 10013</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALTER, ANDREW 388 GREENWICH ST NEW YORK, NY 10013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Mark Handsman</i> <i>388 Greenwich Street</i> <i>New York, NY 10013</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINELLI, JOSEPH 388 GREENWICH ST NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ANZEL, KEITH 388 GREENWICH ST., 22ND FL NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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