## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04858

City-St-Zip:

TAMPA, FL 33610

FILED Apr 24, 2008 Secretary of State

Entity Nar	ne: PB-SBIN	/ESTMENTS INC			
Current Principal Place of Business:			New Principal Place of Business:		
	NWICH ST. K, NY 10013	US			
Current Mailing Address:			New Mailing Address:		
3800 CITIGROUP CENTER DR G2-18 TAMPA, FL 33610 US			PO BOX 30509 TAMPA, FL 33631 US		
FEI Number:	13-3138080	FEI Number Applied For ( )	FEI Number Not Applicab	ble ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:	
1200 S. PII PLANTATI	ORATION SYS NE ISLAND RC ON, FL 33324	DAD US			
The above in the State	named entity s of Florida.	ubmits this statement for the pu	urpose of changing its re	egistered office or registered agent, or both,	
SIGNATUR	RE:				
		c Signature of Registered Ager	nt	Date	
		Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () HEDIGER, GAR 388 GREENWIC NEW YORK, NY	CH ST	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () DELUISE, JAME 731 LEXINGTON NEW YORK, NY	N AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	AT () ANZEL, KEITH 388 GREENWIC NEW YORK, NY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	AS () GOMEZ, ROBYI 3800 CITIGROU			S (X) Change ( ) Addition TINE, RACHEL 38 GREENWICH ST.,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

NEW YORK, NY 10013

SIGNATURE: LISA HOFFMAN **AVP** 04/24/2008