2007 FOR PROFIT CORPORATION ANNUAL REPORT ~~(AR)~~

4/9/2007-90044-010-$150.00-$150.00

07 MAY 31 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000156660

1. Entity Name
S.B. LUE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5930 NW 16 PL #2 SUNRISE FL 33313	5930 NW 16 PL #2 SUNRISE FL 33313

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1255 N. FLAGLER DR.	4404 NW 72ND Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: Coral Springs, FL
Zip: 33304 Country: USA	Zip: 33065 Country: U.S.A.

4. FEI Number AP-PLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUE, STANLEY B
5930 NW 16 PL
#2
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P LUE, STANLEY B 5930 NW 16 PL SUNRISE FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: STANLEY BENJAMIN LUE — Stanley B. Lue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07
Date

954-295-1939
Daytime Phone #