## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000027664

**Entity Name: SBI MANAGEMENT CORPORATION** 

Oct 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2600 S. DOUGLAS RD #700 2600 S. DOUGLAS RD CORAL GABLES, FL 33134

700

CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

2600 S. DOUGLAS RD 2600 S. DOUGLAS RD #700 CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 20-4398540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BENITEZ, SONIA BENITEZ, SONIA 2600 S. DOUGLAS RD #700 2600 S. DOUGLAS RD

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 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: SB 10/12/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

() Delete Title: (X) Change ( ) Addition

Title: BENITEZ, SONIA BENITEZ, SONIA Name: Name: 9240 SW 72ND ST, STE 118 Address: 2600 DOUGLAS RD, #700 Address:

City-St-Zip: MIAMI, FL 33173 City-St-Zip: CORAL GABLES, FL 33134

( ) Delete Title: Title: (X) Change ( ) Addition Name: BENITEZ, SONIA Name: BENITEZ, SONIA

9240 SW 72ND ST, STE 118 Address: 2600 DOUGLAS RD, #700 Address: MIAMI, FL 33173 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: SB 10/12/2007