

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90779 001 *****8.75
04-30-2007 90779 002 ***150.00

66012030



DOCUMENT # P06000088392	
1. Entity Name SBA SALES INC.	



Principal Place of Business 2245 NW 45 AVENUE COCONUT CREEK, FL 33066	Mailing Address 2245 NW 45 AVENUE COCONUT CREEK, FL 33066
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2. Principal Place of Business - No P.O. Box # 11168	3. Mailing Address WINDING PEARLWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State WELINGTON FLORIDA	City & State FLORIDA
Zip 33414	Country USA

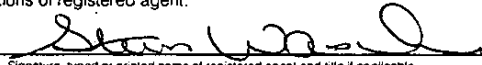
4. FEI Number 16-1765507	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEVERS, NATALIE J 217 NE 8 STREET POMPANO BEACH, FL 33060	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

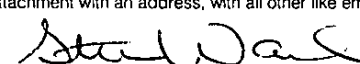
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 4-23-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	WARSCHE, STEVEN K <input checked="" type="checkbox"/> Delete	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME STEVEN K WARSCHE	
STREET ADDRESS 2245 NW 45 AVENUE		STREET ADDRESS 11168 WINDING PEARLWAY	
CITY-ST-ZIP COCONUT CREEK, FL 33066		CITY-ST-ZIP WELINGTON FLORIDA 33414	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 4-23-07	DAYTIME PHONE # 854-318-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		