2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035997

Address:

City-St-Zip:

17761 WOODVIEW TERRACE

BOCA RATON, FL 33482

Entity Name: SABAT BROTHER'S, INC.

FILED Feb 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2001 NW 2 AVE BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 2001 NW 2 AVE BOCA RATON, FL 33432 FEI Number: 65-0412716 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: GROSSO, DOMENIC L SABAT, CHARLY 900 N FEDERAL HWY SUITE 420 19103 ĆLOISTER LAKE LANE SUITE 360 BOCA RATON, FL 33498 BOCA RATON, FL 33431 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: CHARLY SABAT 02/09/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SABAT, CHARLY Name: Name: 19103 CLOISTEN LAKE LN Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: SABAT, ELIAS Name: 17761 WOODVIEW TERRACE Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SABAT, ADELA Name: Name: 19103 CLOISTER LAKE LANE Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition SABAT, VIDA Name: Name:

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

Address:

City-St-Zip:

SIGNATURE: CHARLY SABAT **PRES** 02/09/2006