2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# P93000035997

Entity Name: SABAT BROTHER'S, INC.

Current Principal Place of Business:

2001 NW 2 AVE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

2001 NW 2 AVE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0412716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABAT, CHARLY
19103 CLOISTER LAKE LANE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SABAT, CHARLY
Address: 19103 CLOISTEN LAKE LN
City-St-Zip: BOCA RATON, FL 33498

Title: VD ( ) Delete
Name: SABAT, ELIAS
Address: 17761 WOODVIEW TERRACE
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete
Name: SABAT, ADELA
Address: 19103 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Delete
Name: SABAT, VIDA
Address: 17761 WOODVIEW TERRACE
City-St-Zip: BOCA RATON, FL 33482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: CHARLY SABAT PD 01/18/2008

Electronic Signature of Signing Officer or Director Date