

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 023 ***150.00

DOCUMENT # P94000039147

1. Entity Name
SBDG REALTY, INC.



Principal Place of Business
**3616 FLAMINGO DRIVE
MIAMI BEACH, FL 33140 US**

Mailing Address
**250 AUSTRALIAN AVENUE
1550 CLEARLAKE CENTRE
WEST PALM BEACH, FL 33401 US**

54038821



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0571959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, JOHN C ESQ.
250 AUSTRALIAN AVENUE
1550 CLEARLAKE CENTRE
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAESSLER, ROBERT V.
STREET ADDRESS	701 LINCOLN ROAD SUITE 105
CITY - ST - ZIP	MIAMI BEACH, FL

TITLE	VPS
NAME	RAESSLER, R. CHRISTOPHER
STREET ADDRESS	701 LINCOLN ROAD
CITY - ST - ZIP	MIAMI BEACH, FL 33139

TITLE	DT
NAME	GUZMAN, ANDRES O
STREET ADDRESS	701 LINCOLN ROAD, SUITE 105
CITY - ST - ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert V. Raessler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 *35-538-8209*
Date Daytime Phone #