


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90018 041 \*\*\*150.00

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|--|--|--|---|
| <b>DOCUMENT # P94000039147</b><br>1. Entity Name<br><b>SBDG REALTY, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>3616 FLAMINGO DRIVE<br/>MIAMI BEACH, FL 33140 US</b>   |  | Mailing Address<br><b>250 AUSTRALIAN AVENUE<br/>1550 CLEARLAKE CENTRE<br/>WEST PALM BEACH, FL 33401 US</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  | 3. Mailing Address<br><b>The Montecito - Suite 801<br/>616 Clearwater Park Road<br/>West Palm Beach, FL 33401</b>  |   |
| 6. Name and Address of Current Registered Agent<br><b>SCHNEIDER, JOHN C ESQ.<br/>250 AUSTRALIAN AVENUE<br/>1550 CLEARLAKE CENTRE<br/>WEST PALM BEACH, FL 33401</b>   |  | 7. Name and Address of New Registered Agent<br><b>The Montecito - Suite 801<br/>616 Clearwater Park Road<br/>West Palm Beach, FL 33401</b><br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |   |
| 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>   |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>RAESSLER, ROBERT V.</b><br><b>701 LINCOLN ROAD SUITE 105</b><br><b>MIAMI BEACH, FL</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPS</b><br><b>RAESSLER, R. CHRISTOPHER</b><br><b>701 LINCOLN ROAD</b><br><b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DT</b><br><b>GUZMAN, ANDRES O</b><br><b>701 LINCOLN ROAD, SUITE 105</b><br><b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. |  |  |   |
| <b>SIGNATURE</b> <i>Robert V. Raessler</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <b>4/17/07</b><br><small>Date</small>  | <b>305-672-8800</b><br><small>Daytime Phone</small>               |