

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90213 019 \*\*\*150.00

<b>DOCUMENT # P95000063126</b> 1. Entity Name <b>SBG - BISCAYNE, INC.</b>					
Principal Place of Business <b>1101 BRICKELL AVE. STE 1005-S MIAMI, FL 33131</b>			Mailing Address <b>1101 BRICKELL AVE. STE 1005-S MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>1691 Michigan Ave</b>		3. Mailing Address <b>1691 Michigan Ave</b>			
Suite, Apt. #, etc. <b>300</b>		Suite, Apt. #, etc. <b>300</b>			
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>			
Zip <b>33139</b>		Country <b>USA</b>		4. FEI Number <b>65-0615269</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GUREN, SHELDON B 1101 BRICKELL AVE. STE 1005-S MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1691 Michigan Ave, Suite 300</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GUREN, SHELDON B</b> <b>1101 BRICKELL AVENUE, #1005-S</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1691 Michigan Avenue #300</b> <b>Miami Beach, FL 33139</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/26/07 305 374 4007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		