

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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DOCUMENT # P96000014970
 1. Entity Name
 SBS CONSULTING & DISTRIBUTION, INC.



Principal Place of Business Mailing Address
 11740 NW 71ST PLACE 11740 NW 71ST PLACE
 PARKLAND, FL 33076 PARKLAND, FL 33076

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0739900 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SALERNO, MARC A
~~18439 N.W. 11TH STREET~~ 11740 NW 71ST PLACE
 PEMBROKE PINES, FL 33029 PARKLAND, FL.
 33076

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SALERNO, MARC A
STREET ADDRESS	11740 NW 71ST PLACE
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	TD
NAME	SALERNO, MARC A
STREET ADDRESS	11740 NW 71ST PLACE
CITY-ST-ZIP	PARKLAND, FL 33076
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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 954-796-2131
Date Daytime Phone #