


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000034496</b> 1. Entity Name SRBB, INC.	
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Principal Place of Business 7431 COLLEGE PARKWAY FT. MYERS, FL 33907-5548	Mailing Address 145 EAST 32 STREET SUITE 500 NEW YORK, NY 10016 US
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**DO NOT WRITE IN THIS SPACE**




01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3887455	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  SCHULMAN, RONCA, & BUCUVALAS, INC. 7431 COLLEGE PARKWAY FORT MYERS, FL 33907
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**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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULMAN, MARK A 145 E 32ND ST 5TH FLR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONCA, ALBERT A 145 E 32ND ST, 5TH FLR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCUVALAS, MICHAEL J 145 E 32ND ST, 5TH FLR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, JOHN M 8403 COLESVILLE RD, STE 820 SILVER SPRING, MD 20910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000007592  
01/20/04-80030-001 150.00

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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.

<b>SIGNATURE:</b> 	 212-778-7700
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