2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91000 009 ***150.00

DOCUMENT # P96000044240

1. Entity Name
S.B.L. CORPORATION

Principal Place of Business	Mailing Address
~~5209 RIVIERA DR.~~ 9254 SW 144 PL CORAL GABLES, FL 33146	5209 RIVIERA DR. CORAL GABLES, FL 33146

2. Principal Place of Business	3. Mailing Address
9254 SW 144 PL	9254 SW 144 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

04302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0670011 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVERDE, FRANCISCO 9254 S.W. 144 PLACE MIAMI, FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: F Laverde
Signature based on printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when consenting) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASTO, SANDRA 5209 RIVIERA DR. CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASTO, SANDRA 9254 SW 144 PL, MIAMI, FL 33186 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVERDE, FRANCISCO 5209 RIVIERA DR. CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVERDE FRANCISCO 9254 SW 144 PL, MIAMI, FL 33186 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: F Laverde 4/30/04 305-408-7636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #