2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

DOCUMENT*# P96000077305 1. Entity Name SMALL BUSINESS ASSOCIATED SERVICES, INC.				Secretary of Star			
Principal Place 8724 SW 15' FT. LAUDERD	TH STREET 8	eiling Address 1724 SW 15TH STREET T. LAUDERDALE, FL 33324			1 (8) 0 8 1 80 1 86 65	: 48 : 1 88	E (IIII E110) 911051 11 (OI)
D	O NOT WRITE I	CE	04172007 4. FEI Numb 65-070		CR2E03	- ,	
6. Name and Address of Current Registered Agent ORR, LANE 8724 SW 15TH ST. FORT LAUDERDALE, FL 33324				IN ⁻	NOT W	PACE	
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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT DP ORR, LANE 8724 SW 15TH STREET FORT LAUDERDALE, FL 33324	CTORS			05/02 NOT W	/RITE	
NAME STREET ADDRESS CITY-ST-ZIP							

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

RESIDENT 4/20/07 95+2: