

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 035 ***150.00

DOCUMENT # P99000009499	
1. Entity Name SBCM HOLDINGS INCORPORATED	

Principal Place of Business 150 SE SECOND AVE. SUITE 1007 MIAMI, FL 33131	Mailing Address 150 SE SECOND AVE. SUITE 1007 MIAMI, FL 33131
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54060066

2. Principal Place of Business 701 Brickell Key Blvd Suite, Apt. #, etc. 412	3. Mailing Address 701 Brickell Key Blvd Suite, Apt. #, etc. 412
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07022004 Chg-P CR2E034 (10/03)

City & State Miami FL	City & State Miami FL
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4. FEI Number 65-0964633	Applied For ☐ Not Applicable
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Zip 33131-2676	Country Miami-Dade	Zip 33131-2676	Country Miami-Dade
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, ETHAN W 200 S. BISCAYNE BLVD., #5300 MIAMI, FL 33131-2339	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLOPY, JOHN F JR. 4045 SHERIDAN AVENUE, SUITE 432 MIAMI BEACH, FL 331403665 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Bruce S. Foerster 701 Brickell Key Blvd #412 Miami FL 33131-2676 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  **02 July 2004** **305.358.3232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #