

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2005
Secretary of State**

DOCUMENT# P99000018469

Entity Name: S & B PALM TAFT, INC.

Current Principal Place of Business:

1601 N PALM AVE
STE 301
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1601 N PALM AVE
STE 301
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0947005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUS, ARNOLD M JR, ESQ
10081 PINES BLVD., SUITE C
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS (X) Delete
Name: SANTI, PETE JR
Address: 3560 NORTH 46TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: DP () Delete
Name: BRAUN, DAVID F
Address: 1601 NORTH PALM AVENUE, SUITE 301
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID F. BRAUN

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03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date