


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000018469

1. Entity Name
S & B PALM TAFT, INC.



Principal Place of Business 1601 N PALM AVE STE 301 PEMBROKE PINES, FL 33026	Mailing Address 1601 N PALM AVE STE 301 PEMBROKE PINES, FL 33026
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0947005	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

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

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000779460
 01/11/08-80038-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAUN, DAVID F 1601 NORTH PALM AVENUE, SUITE 301 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SANTI, DOUGLAS C 1601 NORTH PALM AVENUE, SUITE 308 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTI, PETER J 1601 NORTH PALM AVENUE, SUITE 308 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **1/5/08** **954-432-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #