


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000063695 1. Entity Name SELECT BUSINESS INVESTMENTS, INC.	
--	---

Principal Place of Business 2201 NW 102 PLACE UNIT #4 MIAMI, FL 33172	Mailing Address 2201 NW 102 PLACE UNIT #4 MIAMI, FL 33172
---	---



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0934114	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

MURRAY, JOSHUA
2201 NW 102 PLACE
UNIT #4
MIAMI, FL 33172

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

U000000130482
04/26/04-80118-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURRAY, JOSHUA
STREET ADDRESS	2201 NW 102 PLACE
CITY - ST - ZIP	MIAMI, FL 33172
TITLE	VDC
NAME	MURRAY, JOSEPH
STREET ADDRESS	2201 NW 102 PLACE
CITY - ST - ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #