

Attachment 10424643
P02000105502

Applied via Telephone
May 19, 2004

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **33-1092150**
OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested
SB South Florida Investments, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
3925 194th Lane

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Sunny Isles, Florida 33160

5b City, state, and ZIP code

6 County and state where principal business is located

7a Name of principal officer, general partner, grantor, owner, or trustee
Adolfo Jose Silva di Geronimo

7b SSN, ITIN, or EIN
Venezuela Passport No. B0323102

8a Type of entity (check only one box)

Sole proprietor (SSN)

Partnership

Corporation (enter form number to be filed) ▶ 1120

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify) ▶

Other (specify) ▶

Estate (SSN of decedent)

Plan administrator (SSN)

Trust (SSN of grantor)

National Guard

Farmers' cooperative

REMIC

State/local government

Federal government/military

Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida Foreign country N/A

9 Reason for applying (check only one box)

Started new business (specify type) ▶ Real Estate

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Created a trust (specify type) ▶

Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
September 27, 2002

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural 0 Household 0 Other 0

14 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker

Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other. Retail

Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Real Estate

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third Party Designee Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name Louis R. Montello Designee's telephone number (include area code) (305) 373-0300

Address and ZIP code 777 Brickell Avenue, Suite 1070, Miami Fl 33131 Designee's fax number (include area code) (305) 373-3739

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Adolfo J. Silva di Geronimo, President Applicant's telephone number (include area code) (305) 944-9866

Signature ▶ Date ▶ 1/02/03 Applicant's fax number (include area code) (305) 944-4639