

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90038 007 ***150.00

DOCUMENT # P02000105502
 1. Entity Name
 SB SOUTH FLORIDA INVESTMENTS, INC.



Principal Place of Business Mailing Address
 1835 NE MIAMI GARDENS DR 777 BRICKELL AVENUE
 SUITE 110 SUITE 1070
 MIAMI, FL 33179 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 5035 PALM AVE 5035 PALM AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 HIALEAH, FL HIALEAH, FL
 Zip Country Zip Country
 33012 US 33012 US

01222007 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
 33-1092150 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 MONTELLO, LOUIS R
 777 BRICKELL AVENUE
 SUITE 1070
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 SILVA DI GERONIMO, ADOLFO J
 Street Address (P.O. Box Number is Not Acceptable)
 1835 NE MIAMI GARDENS DR
 City State Zip Code
 NORTH MIAMI BEACH FL 33179

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, the registered agent.
 SIGNATURE: *[Signature]* DATE: _____
Signature of person submitting this statement (if not the registered agent and filer if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPTS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVA DI GERONIMO, ADOLFO J			NAME			
STREET ADDRESS	1835 NE MIAMI GARDENS DR			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE SILVA, MARIAN			NAME	SILVA MARIANELLA		
STREET ADDRESS	1835 NE MIAMI GARDENS DR			STREET ADDRESS	1835 NE MIAMI GARDENS DR		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179			CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVA, MARIA LOISA			NAME	SILVA, MARIA LUISA		
STREET ADDRESS	1835 NE MIAMI GARDENS DR			STREET ADDRESS	1835 NE MIAMI GARDENS DR		
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP	MIAMI, FL 33179		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVA, MARIADELLY			NAME	SILVA, MARIA NELLY		
STREET ADDRESS	1835 NE MIAMI GARDENS DR			STREET ADDRESS	1835 NE MIAMI GARDENS DR		
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP	MIAMI, FL 33179		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 my address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 01/22/07 (305) 989-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Day & Phone #