

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105502

FILED
Mar 17, 2010
Secretary of State

Entity Name: SB SOUTH FLORIDA INVESTMENTS, INC.

Current Principal Place of Business:

6447 MIAMI LAKES DR E 203-J
HIALEAH, FL 33014

New Principal Place of Business:

6447 MIAMI LAKES DR E 226
HIALEAH, FL 33014

Current Mailing Address:

6447 MIAMI LAKES DR E 203-J
HIALEAH, FL 33014

New Mailing Address:

6447 MIAMI LAKES DR E 226
HIALEAH, FL 33014

FEI Number: 33-1092150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA DI GERONIMO, ADOLFO
1835 NE MIAMI GARDENS DRIVE
MIAMI, FL 33179 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: DPTS
Name: SILVA DI GERONIMO, ADOLFO J
Address: 1835 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: DV
Name: SILVA, MARIANELLA
Address: 1835 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: DV
Name: SILVA, MARIA NELLY
Address: 1835 NE MIAMI GARDENS DR
City-St-Zip: MIAMI, FL 33179

Title: DV
Name: SILVA, MARIADELLY
Address: 1835 NE MIAMI GARDENS DR
City-St-Zip: MIAMI, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: ADOLFO SILVA DI GERONIMO

DPST

03/17/2010

Electronic Signature of Signing Officer or Director

_____ Date