


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 567068

1. Entity Name
S.G. & S., INC.



Principal Place of Business Mailing Address

**10 NW 2ND ST
 MIAMI, FL 33128** **10 NW 2ND ST
 MIAMI, FL 33128**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1809560	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

**GORFINKEL, NESTOR B, ESQ
 20818 WEST DIXIE HIGHWAY
 AVENTURA, FL 33180**

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 renewing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORFINKEL, JULIUS 10 NW 2 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPOZNIK, JOSE 10 NW 2ND ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDLER, RAQUEL 10 NW 2 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAPOZNIK, CLARA 10 NW 2 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPOZNIK, LAZARO 10 NW 2ND STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORFINKEL, LEON 10 NW 2ND STREET MIAMI, FL

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 01/30/06-80039-010 150.00

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: Julius M Gorfinkel PRESIDENT Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR