


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 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**



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

1st MOORE CR2E034 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1809560** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GORFINKEL, NESTOR B, ESQ
20818 WEST DIXIE HIGHWAY
AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORFINKEL, JULIUS	
STREET ADDRESS	10 NW 2 ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAPOZNIK, JOSE	
STREET ADDRESS	10 NW 2ND ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDLER, RAQUEL	
STREET ADDRESS	10 NW 2 ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAPOZNIK, CLARA	
STREET ADDRESS	10 NW 2 ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPOZNIK, LAZARO	
STREET ADDRESS	10 NW 2ND STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORFINKEL, LEON	
STREET ADDRESS	10 NW 2ND STREET	
CITY- ST- ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000620193	
CITY- ST- ZIP	02/09/07-80027-009 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **2-1-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #