


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002896	
1. Entity Name SGF US, INC.	

Principal Place of Business 1920 E HALLANDALE BEACH BLVD 901 HALLANDALE BEACH, FL 33009	Mailing Address 1920 E HALLANDALE BEACH BLVD 901 HALLANDALE BEACH, FL 33009
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02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1007677	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 ROZENCWAIG, LESLIE A 1 SE 3RD AVE SUITE 960 MIAMI, FL 33131
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000069391 03/01/04-80011-014 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SION, MAURICIO 1920 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROZENCWAIG, LESLIE 1920 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SION, LAURA 1920 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	2/20/04 954-454-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #