


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F0400003253
 1. Entity Name - F0400003253
 SGF INTERNATIONAL CORPORATION



Principal Place of Business: 1920 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009
 Mailing Address: 1920 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent: ROZENCWAIG & FERRERO-CARR, 301 W. HALLANDALE BEACH BLVD., HALLANDALE BEACH, FL 33009
 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 _____ (NOTE, Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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: PSTC NAME: SION, MAURICIO STREET ADDRESS: 1920 E. HALLANDALE BEACH BLVD. CITY-ST-ZIP: HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000212941 02/03/05-80045-024 158.75
TITLE: VP NAME: SION, LAURA STREET ADDRESS: 1920 E. HALLANDALE BEACH BLVD. CITY-ST-ZIP: HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mauricio Sion PSTC
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/31/05 Daytime Phone #: 954-454-7676