


FILED

Jul 06, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M04992 1. Entity Name S.G. & ASSOCIATES INSURANCE BROKERS, INC.	
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Principal Place of Business 7840 CORAL WAY MIAMI, FL 33155	Mailing Address C/O SERGIO GONZALEZ 7840 CORAL WAY MIAMI, FL 33155
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07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2445752	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

GONZALEZ, SERGIO
7840 CORAL WAY
MIAMI, FL 33155

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONSALEZ, SERGIO D 7840 CORAL WAY MIAMI, FL
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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)(b), 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: Sergio D. Gonzalez Date: 7/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Payable: Filing #