

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103396

FILED
Jan 16, 2004
Secretary of State

Entity Name: SGA SALES & MARKETING, INC.

Current Principal Place of Business:

2587 N.W. 63RD STREET
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

2587 N.W. 63RD STREET
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 11-2203736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEVITZ, DONALD A
2587 N.W. 63RD STREET
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SCHAEVITZ, DONALD A
Address: 2587 N.W. 63RD STREET
City-St-Zip: BOCA RATON, FL 33496

Title: DVS () Delete
Name: GROSSMAN, MELVYN
Address: 3102 31 ST COURT
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: GROSSMAN, MELVYN
Address: 161 THORNTON DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD SCHAEVITZ

PRES

01/16/2004

Electronic Signature of Signing Officer or Director

_____ Date