

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90144 028 ***150.00

DOCUMENT # P05000065467					
1. Entity Name STRATEGIC ASSET MANAGEMENT GROUP ADVISORS, INC.					
Principal Place of Business 8100 SW 10TH STREET PLANTATION, FL 33324			Mailing Address 8100 SW 10TH STREET PLANTATION, FL 33324		
2. Principal Place of Business 800 S. Andrews Ave. Suite, Apt. #, etc. Suite 204 City & State Ft. Lauderdale FL Zip 33316 Country USA		3. Mailing Address 800 S. Andrews Ave. Suite, Apt. #, etc. Suite 204 City & State Ft. Lauderdale FL Zip 33316 Country USA			
4. FEI Number 65-0084346 Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ORVIETO, BRADLEY 8100 SW 10TH STREET PLANTATION, FL 33324 800 S. Andrews Ave. Suite 204 Ft. Lauderdale FL 33316			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: 7-11-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME ORVIETO, BRADLEY STREET ADDRESS 8100 SW 10TH STREET CITY-ST-ZIP PLANTATION, FL 33324	☐ Delete		TITLE PD NAME Orvieto, Bradley STREET ADDRESS 800 S. Andrews Ave, Ste. 204 CITY-ST-ZIP Ft. Lauderdale FL 33316	☒ Change ☐ Addition	
TITLE SD NAME ODEN, ROBERT STREET ADDRESS 8100 SW 10TH STREET CITY-ST-ZIP PLANTATION, FL 33324	☐ Delete		TITLE SD NAME Oden, Robert STREET ADDRESS 800 S. Andrews Ave, Ste 204 CITY-ST-ZIP Ft. Lauderdale FL 33316	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 7-11-06 Daytime Phone #: 954 473-1110		