


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90064 007 ***158.75

DOCUMENT # P060C0005527

1. Entity Name
SG & SONS INTERNATIONAL BUSINESS INC



Principal Place of Business Mailing Address
5793 NW 32 AV **5793 NW 32 AV**
MIAMI, FL 33142 **MIAMI, FL 33142**


2. Principal Place of Business No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

901000



05032007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4122889 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, RENE SR
5701 E 2ND AV
HIALEAH, FL 33013

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 sign at the required when not stated) DATE _____


FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contributor **\$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 P	<input type="checkbox"/> Delete NAME GONZALEZ, SAUL MR. STREET ADDRESS 5793 NW 32 AV CITY- ST- ZIP MIAMI, FL 33142	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete NAME GONZALEZ, EDWIN A SR STREET ADDRESS 5793 NW 32 AV CITY- ST- ZIP MIAMI, FL 33142	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete NAME GONZALEZ, FRANCY J MISS STREET ADDRESS 5793 NW 32 AV CITY- ST- ZIP MIAMI, FL 33142	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete NAME MONROY, MARINA I MRS STREET ADDRESS 5793 NW 32 AV CITY- ST- ZIP MIAAMI, FL 33142	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 supplement to this 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 to this report, with all other like empowered

SIGNATURE:  **PRESIDENT** 05/03/07 305-218-8957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR