## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 386600** 

Entity Name: S. G. ENTERPRISES, INC.

FILED May 11, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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316 N W 26 ST 2101 NW 1ST AVE MIAMI, FL 33127 MIAMI, FL 33127

Current Mailing Address: New Mailing Address:

316 N W 26 ST 2101 NW 1ST AVE MIAMI, FL 33127 2101 NW 1ST AVE

FEI Number: 59-1372490 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARSON, SHELDON
910 N.E. 25 AVE
HALLANDALE, FL
US
GARSON, HOWARD
2214 NE 11TH ST
HALLANDALE, FL 33009 US

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: HOWARD GARSON 05/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 VD (X) Change () Addition

 Name:
 GARSON,SHELDON,
 Name:
 GARSON,SHELDON,

 Address:
 23 BENJAMIN RD
 Address:
 23 BENJAMIN RD

 City-St-Zip:
 TENAFLY, NJ 07670
 City-St-Zip:
 TENAFLY, NJ 07670

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: REINHARD, SANFORD H Name:

Address: 2875 N.E. 191 ST. Address: City-St-Zip: N. MIAMI BEACH, FL City-St-Zip:

Title: VD () Delete Title: PD (X) Change () Addition Name: GARSON, HOWARD, Name: GARSON, HOWARD,

 Name:
 GARSON, HOWARD,
 Name:
 GARSON, HOWARD,

 Address:
 2214 N.E. 11 ST.
 Address:
 2214 N.E. 11 ST.

 City-St-Zip:
 HALLANDALE, FL
 City-St-Zip:
 HALLANDALE, FL

Title: TSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WHITING, FRAN
 Name:

 Address:
 3909 SHERIDAN ST.
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

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: HOWARD GARSON PD 05/11/2005