

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078916

Entity Name: CORPORACION S.G. , LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

155 OCEAN LANE DRIVE
UNIT 315
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

C/O MONAHAN-MIJARES, -5201 BLUE LAGOON DR.
STE. 834
MIAMI, FL 33136

New Mailing Address:

CCS 10118
P.O. BOX 025323
MIAMI, FL 33102 US

FEI Number: 20-3380818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, ROARK R
5201 BLUE LAGOON DR.
834
MIAMI,, FL 33126 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R CPA
4000 PONCE DE LEON BLVD
STE 470 NO. 5
CORAL GABLES, FL 33146 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: ROARK R MONAHAN

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SADDE, ALEJANDRO O
Address: 155 OCEAN LANE DRIVE, UNIT 315
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: GRINSTEINS DE SADDE, ASTRIDA
Address: 155 OCEAN LANE DRIVE, UNIT 315
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEJANDRO SADDE

MGRM

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date