


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90012 041 \*\*\*150.00

<b>DOCUMENT # 567068</b>	
1. Entity Name S.G. & S., INC.	

Principal Place of Business 10 NW 2ND ST MIAMI FL 33128	Mailing Address 10 NW 2ND ST MIAMI FL 33128
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number 59-1809560	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GORFINKEL, NESTOR B, ESQ 20818 WEST DIXIE HIGHWAY AVENTURA FL 33180
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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 \_\_\_\_\_  
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**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	GORFINKEL, JULIUS
STREET ADDRESS	10 NW 2 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	SAPOZNIK, JOSE
STREET ADDRESS	10 NW 2ND ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> Delete
NAME	SANDLER, RAQUEL
STREET ADDRESS	10 NW 2 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> Delete
NAME	SAPOZNIK, CLARA
STREET ADDRESS	10 NW 2 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	SAPOZNIK, LAZARO
STREET ADDRESS	10 NW 2ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GORFINKEL, LEON
STREET ADDRESS	10 NW 2ND STREET
CITY-ST-ZIP	MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frida Sapoznik
STREET ADDRESS	10 N.W. 2 Street
CITY-ST-ZIP	Miami, FL 33128
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Esther Gorfinkel
STREET ADDRESS	10 N.W. 2 Street
CITY-ST-ZIP	Miami, FL 33128

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nestor B. Gorfinkel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6-08 Date

Daytime Phone #