

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567068

Entity Name: S.G. & S., INC.

FILED  
Feb 22, 2009  
Secretary of State

## Current Principal Place of Business:

10 NW 2ND ST  
MIAMI, FL 33128

## New Principal Place of Business:

10 NW SECOND STREET  
MIAMI, FL 33128

## Current Mailing Address:

10 NW 2ND ST  
MIAMI, FL 33128

## New Mailing Address:

10 NW SECOND STREET  
MIAMI, FL 33128

FEI Number: 59-1809560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORFINKEL, NESTOR B, ESQ  
20818 WEST DIXIE HIGHWAY  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GORFINKEL, JULIUS,  
Address: 10 NW 2 ST.  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: SAPOZINK, FRIDA  
Address: 10 NW 2ND ST  
City-St-Zip: MIAMI, FL 33128

Title: SD ( ) Delete  
Name: SANDLER, RAQUEL  
Address: 10 NW 2 ST.  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: SAPOZNIK, CLARA,  
Address: 10 NW 2 ST.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: SAPOZNIK, LAZARO  
Address: 10 NW 2ND STREET  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: GORFINKEL, ESTHER  
Address: 10 NW 2ND STREET  
City-St-Zip: MIAMI, FL 33128

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated 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 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: JULIUS GORFINKEL

PD

02/22/2009

Electronic Signature of Signing Officer or Director

Date