

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567068

Entity Name: S.G. & S., INC.**Current Principal Place of Business:**219 NORTH MIAMI AVE.
MIAMI, FL 33128**Current Mailing Address:**219 NORTH MIAMI AVE.
MIAMI, FL 33128 US**FEI Number:** 59-1809560**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GORFINKEL, NESTOR B, ESQ
20818 WEST DIXIE HIGHWAY
AVENTURA, FL 33180 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	WHITE, ANA
Address	219 NORTH MIAMI AVE.
City-State-Zip:	MIAMI FL 33128

Title	VP
Name	SAPOZINK, FRIDA
Address	219 NORTH MIAMI AVE.
City-State-Zip:	MIAMI FL 33128

Title	VP
Name	BEN-HAIN, FRIDA
Address	219 NORTH MIAMI AVE.
City-State-Zip:	MIAMI FL 33128

Title	VP
Name	GORFINKEL, MARCOS
Address	219 NORTH MIAMI AVE.
City-State-Zip:	MIAMI FL 33128

Title	S
Name	WINIKOR, SYLVIA
Address	219 NORTH MIAMI AVE.
City-State-Zip:	MIAMI FL 33128

Title	T
Name	SAPOZNIK, MARIO
Address	219 NORTH MIAMI AVE.
City-State-Zip:	MIAMI FL 33128

I hereby 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 all other like empowered.

SIGNATURE: MARIO SAPOZNIK**TREASURER****01/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date