

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000013031

**Entity Name:** SG HANDS, INC.

**Current Principal Place of Business:**

304 GOLFVIEW ROAD  
APT. 407  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

304 GOLFVIEW ROAD  
APT. 407  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 27-4845907

**Certificate of Status Desired:** No

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

HANDS, SCOTT  
304 GOLFVIEW ROAD  
APT 407  
NORTH PALM BEACH, FL 33408 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            PRES  
Name            HANDS, SCOTT  
Address        304 GOLFVIEW ROAD, APT 407  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** SCOTT HANDS

**PRESIDENT**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date