

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 05, 2006 08:00 AM  
Secretary of State

DOCUMENT # 368813

1. Entity Name  
S.R.G. CORPORATION



Principal Place of Business

333 UNIVERSITY DRIVE  
SUITE 100  
CORAL GABLES, FL 33134

Mailing Address

333 UNIVERSITY DRIVE  
SUITE 100  
CORAL GABLES, FL 33134



08252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1300396

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LOPEZ, MARIO L  
333 UNIVERSITY DR SUITE 100  
CORAL GABLES, FL 33134

DO NOT WRITE  
IN THIS SPACE

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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
PITKIN, RICHARD  
301 ALMERIA AVE, SUITE #270  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
LOPEZ, MARIO LAGO  
333 UNIVERSITY DR., #100  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
PITKIN, MARGARET F  
301 ALMERIA AVE., SUITE #270  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000576037  
09/05/06-80006-013 550.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard D. Pitkin, V. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Pitkin 8/30/06 (305) 443-6072

Date

Daytime Phone #