

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 429535
 1. Entity Name
S. D. & G. CORPORATION



Principal Place of Business 1396 SE 17TH ST FT LAUDERDALE, FL 33316 US	Mailing Address 1396 SE 17TH ST FT. LAUDERDALE, F 33316 US
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04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1479906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VITTORATOS, VICKY
 10680 NW 18 CT
 PLANTATION, FL 33322

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	ST TETENES, DENNIS 2830 N E 55 PL FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VITTORATOS, VICKY 10680 NW 18 CT PLANTATION, FL 33322
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fees approved.

SIGNATURE: *Victoria Vittoratos* *April 22, 2005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #