

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90070 031 ***150.00

DOCUMENT # F00000002896

1. Entity Name
SGF US, INC.



Principal Place of Business
1920 E HALLANDALE BEACH BLVD
638
HALLANDALE BEACH, FL 33009

Mailing Address
1920 E HALLANDALE BEACH BLVD
638
HALLANDALE BEACH, FL 33009

90111111



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1007677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A
1 SE 3RD AVE SUITE 960
MIAMI, FL 33131

**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 \$150.00
After May 1, 2007 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
DIR
SION, MAURICIO
1920 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
SION, LAURA
1920 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
BATTAN, JOSE B
1920 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #