

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000005209**

1. Entity Name

S M G DEVELOPMENT CORPORATION



Principal Place of Business

245 SAW MILL RIVER ROAD  
HAWTHORNE, NY 10532

Mailing Address

245 SAW MILL RIVER ROAD  
HAWTHORNE, NY 10532

**DO NOT WRITE IN THIS SPACE**



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number

13-3085320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALLETTA, JAMES  
301 E. PINE STREET  
STE. 1400  
ORLANDO, FL 32801

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000107007  
04/08/04-80040-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GINSBURG, SAMUEL  
STREET ADDRESS 245 SAW MILL RIVER ROAD  
CITY-ST-ZIP HAWTHORNE, NY 10532

TITLE VSTD  
NAME GINSBURG, MARTIN  
STREET ADDRESS 245 SAW MILL RIVER ROAD  
CITY-ST-ZIP HAWTHORNE, NY 10532

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #