


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90004 042 \*\*\*150.00

<b>DOCUMENT # F03000006058</b>					
<b>1. Entity Name</b> FERNANDO COLLADO & ASOCIADOS, INC.					
<b>Principal Place of Business</b> 12390 SW 97TH TERR MIAMI, FL 33186			<b>Mailing Address</b> S G GROUP, INC 3383 NW 7 ST. STE 212 MIAMI, FL 33125		
<b>2. Principal Place of Business - No P.O. Box #</b> 3232 CORAL WAY		<b>3. Mailing Address</b> 3232 COEAL WAY			
Suite, Apt. #, etc. APT # 1204		Suite, Apt. #, etc. APT #1204			
<b>City &amp; State</b> CORAL GABLES, FL		<b>City &amp; State</b> CORAL GABLES, FL		<b>4. FEI Number</b> 20-0456443	
Zip 33145		Country DADE		Zip 33145	
Country DADE		Country DADE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RIADIGOS, ROBERTO 12390 SW 97TH TERR MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COLLADO, FERNANDO E AVENIDA SARASOTA NO 20 TORRE SANTO DOMINGO REPUBLICA DOM,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP AZILDE LICET TIO DE COLLADO AVENIDA SARASOTA NO 20 TORRE SANTO DOMINGO REPUBLICA DOM,	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTO RIADIGOS AVENIDA SARASOTA NO 20 TORRE SANTO DOMINGO REPUBLICA DOM,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
<b>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.</b>			_____		
<b>SIGNATURE:</b> <i>Fernando Collado</i>			_____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
_____			Daytime Phone #		
_____			_____		