## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000000761

Entity Name: J.G. FOGG & CO. INCORPORATED

FILED Jun 26, 2009 Secretary of State

Occurred Britania al Blanca of Brazilia			New Principal Place of Business:		
Current Principal Place of Business:			New Principal Place	e or Business:	
100 MOTO	R PKWY				
STE 165 HAUPPAU	GE, NY 11788				
Current Mailing Address:			New Mailing Address:		
100 MOTO STE 165 HAUPPAU	R PKWY GE, NY 11788				
FEI Number:	11-3146519	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
ONE NOR' WEST PAL The above	TH CLEMATIS LM BEACH, FL named entity s	33401 US	ourpose of changing its register	ed office or registered agent, or both,	
in the State	e of Florida.				
SIGNATUF	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FOGG, JOSEPH	E BLVD STE B-102	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FOGG, LESLIE	Delete E BLVD STE B-102 102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () SCHUBAUER, J. 100 MOTOR PK HAUPPAUGE, N	WY STE 165	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	DSV () SICOLI, RICHAF 100 MOTOR PK HAUPPAUGE, N	WY STE 165	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD P. SICOLI DSV 06/26/2009