2007 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # F04000002124 1. Entity Name SGF GLOBAL, INC. Principal Place of Business Mailing Address 9601 JONES RD STE 234 1920 E. HALLANDALE BEACH BLVD STE 801-HOUSTON, TX 77065 HALLANDALE, FL 33009 638 05012007 DO NOT WRITE IN THIS SPACE 4. FEI Number 76-0529216

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

05-14-2007 90070 030 ***150.00

401111...



No Chg-P

CR2E034 (11/05)

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name and	Address	of Current	Registered	Agent

ROZENCWAIG & FERRERO-CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009

SIGNATURE:

DO NOT WRITE IN THIS SPACE

<u> </u>									
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	d applicable	(NOTE: Pi	enistered Agen	t signsture	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		on Campaign Fund Contrib			\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS					· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SION, MAURICIO 1020 E. HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009	., #901							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-					DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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.									

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