FROM : FAX NO. :

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90699 004 ***150.00

DOCUMENT # G74199

1. Entity Name
S & G SHEEN INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
817 S. FED. Hwy.
Suite, Apt. #, etc.
City & State
FT. LAUDERDALE FL
Zip 33316 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
SAME
City & State
SAME
Zip S Country S

DO NOT WRITE IN THIS SPACE

4. FEI Number 592350248 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name STANLEY MOFFITT
Street Address (P.O. Box Number is Not Acceptable)
817 S. FED. Hwy.
City FT. LAUDERDALE FL Zip Code 33316

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.
SIGNATURE _____ DATE 4/30/04
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for all filings)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Reminded UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: STANLEY MOFFITT, 817 S. FED. Hwy. FT. LAUDERDALE, FL 33316 Pres	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/04 954-764-9813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #