


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000012422</b> 1. Entity Name <b>S &amp; G INVESTMENTS, LLC</b>	
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Principal Place of Business <b>4811 NW 79TH AVENUE, SUITE 5 MIAMI, FL 33166</b>	Mailing Address <b>4811 NW 79TH AVENUE, SUITE 5 MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1046184</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SERRANO, CESAR E  
4811 NW 79 AVE  
SUITE #5  
MIAMI, FL 33166**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERRANO, CESAR E 4811 NW 79 AVE., SUITE 5 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, MITZI 4811 NW 79 AVE., SUITE 5 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERRANO, MARIA A 4811 NW 79 AVE., SUITE 5 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, KENT 4811 NW 79 AVE., SUITE 5 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000632275  
02/21/07-80016-007 50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **1/11/07 305-592-6559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #