2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000035302

1. Entity Name

S & G MORTGAGE INVESTMENTS, INC.



Principal Place of Business

FARINELLA, GUS

MELBOURNE, FL 32935

3410 NORTH HARBOR CITY BLVD.

3410 NORTH HARBOR CITY BLVD. MELBOURNE, FL 32935 Mailing Address

3410 NORTH HARBOR CITY BLVD. MELBOURNE, FL 32935

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91209 022 ***150.00

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

	4. FEI Number 59-3650562		-	Applied For Not Applicabl
	5. Certificate of Status Desired			5 Additional aquired
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	IN THIS SP	AC	E	• •

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. | am familiar with, and accept the obligations of registered agent. |

SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |

FILE NOW!!! FEE IS \$150.00 | P. Election Campaign Financing | \$5.00 May Be | Added to Fees |

Trust Fund Contribution. | DATE | Trust Fund Contribution. | Trust Fund Contribution. | Cont

Ð TITLE NAME FARINELLA, GUS 3410 NORTH HARBOR CITY BLVD. STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- 7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplier 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 expressions 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/30/04

121-1212

Daytime Phone #