

FILED  
Apr 28, 2004 8:00 am  
Secretary of State

04-28-2004 90171 021 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

DOCUMENT # 1040 SGL, Inc.

Principal Place of Business: One North East 1st Street, Miami, FL 33132

2. Principal Place of Business: Same

3. Mailing Address: Same

4. FEI Number: 65-0998382

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: Rolando Penate, 8510 SW 4th Street, Miami, FL 33144

7. Name and Address of New Registered Agent:

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: Rolando Penate

J4UBJ070



MOORE CR2E034 (11/03)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Rolando Penate	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: Rolando Penate		NAME: [Blank]	
STREET ADDRESS: 8510 SW 4th Street		STREET ADDRESS: [Blank]	
CITY- ST- ZIP: Miami, FL 33144		CITY- ST- ZIP: [Blank]	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY- ST- ZIP:		CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY- ST- ZIP:		CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:		NAME:	
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CITY- ST- ZIP:		CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY- ST- ZIP:		CITY- ST- ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Part 10 or Block 11, unchanged or on an attachment with an address, with all other like empowered.

SIGNATURE: Rolando Penate 4/21/04 305 525-2148