2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000037123

1. Entity Name
SRG LIMITED, INC.

Principal Place of Business	Mailing Address
145 SEDONA WAY PALM BEACH GARDENS, FL 33418	145 SEDONA WAY PALM BEACH, FL 33418

DO NOT WRITE IN THIS SPACE

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-1014208	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SCARFIA, RICHARD J
145 SEDONA WAY
PALM BEACH GARDENS, FL 33418

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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 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000826161 02/21/08-80039-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SCARFIA, SARA G
STREET ADDRESS	145 SEDONA WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418

TITLE	D
NAME	SCARFIA, RICHARD
STREET ADDRESS	145 SEDONA WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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.

SIGNATURE: _____ Director   2/10/08   561622 4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #