

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 031 ***150.00

DOCUMENT # P02000057574			
1. Entity Name SGTR, INC.			
Principal Place of Business 9000 BURMA ROAD SUITE 107 PALM BEACH GARDENS, FL 33403		Mailing Address PO BOX 33058 PALM BCH GARDENS, FL 33420	
2. Principal Place of Business - No P.O. Box # 7111 AIRWAY DRIVE Suite #202		3. Mailing Address	
City & State PALM BEACH GARDENS, FL		City & State	
Zip 33418		Country USA	
4. FEI Number 03-0448479		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMANI, TUSHAR M CFO 9000 BURMA ROAD SUITE 107 PALM BEACH GARDENS, FL 33403		7. Name and Address of New Registered Agent TUSHAR RAMANI, MD, C.O.O. 7111 AIRWAY DRIVE STE 202 PALM BEACH GARDENS FL 33418	
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 		TUSHAR RAMANI C.O.O. 7/8/08	
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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GOTTLIEB, STEVEN M		NAME	
STREET ADDRESS 9000 BURMA ROAD, SUITE 107		STREET ADDRESS 7111 AIRWAY DRIVE #202	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33403		CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
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 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: 		SM. GOTTLIEB 7/8/08 (561) 79 3552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	