2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/1/

FILED
Jul 01, 2004 8:00 am
Secretary of State
06-01-2004 90008 040 ***150.00

DOCUMENT # P03000035407

1. Entity Name
SG INNOVATION INC.

Principal Place of Business	Mailing Address
1195 S. Alhambra Circle Coral Gables, FL 33146	1195 S. Alhambra Circle Coral Gables, FL 33146

03192004 Chg-P CR2E034 (10/03)

City & State		City & State		4. FEI Number 56 2349010	Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERG, CHARLES L ESQ.
555 NE 15TH STREET
VENETIA, PENTHOUSE A
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE President NAME Edward A. Gross STREET ADDRESS 1195 S. Alhambra Circle CITY-ST-ZIP Coral Gables, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Vice President NAME Brett L. Gross STREET ADDRESS 145 Fourth Ave., #15-E CITY-ST-ZIP New York, NY 10003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 305 321 4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #