2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # P03000081685 1. Entity Name 02-25-2004 90035 008 ***150.00 SDG HOLDING CORPORATION Principal Place of Business Mailing Address 1601 WASHINGTON AVENUE 1601 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address 500 South Pointe Or # 230 506 South Point Or # 220 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number 06 - 170 245 City & State City & State Applied For MIUMI Beau MIUMI Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRIEGER, JEFF Street Address (P.O. Box Number is Not Acceptable) 1601 WASHINGTON AVENUE 310 500 South Pointe Dr #230 MIAMI BEACH FL 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME GALE, DAVID NAME 500 South Points Dr # 230 STREET ADDRESS 1601 WASHINGTON AVENUE, SUITE 310 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP Muni Beach, FL 33139 VP TITLE ☐ Delete TITLE Change Ch Addition GALE, SHEILA NAME NAME 500 South Points Or # 280 1601 WASHINGTON AVENUE, SUITE 310 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME: KRIEGER, JEFF NAME 500 South Points Dr #230 STREET ADDRESS 1601 WASHINGTON AVENUE, SUITE 310 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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.

FILED