

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90173 036 ***150.00

DOCUMENT # P04000055713

1. Entity Name
SGM REALTY, INC.



Principal Place of Business
**3736 NE 166 ST
NORTH MIAMI BEACH, FL 33160**

Mailing Address
**3736 NE 166 ST
NORTH MIAMI BEACH, FL 33160**

50047765

2. Principal Place of Business
3915 N.E. 168 STREET
Suite, Apt. #, etc.

3. Mailing Address
PO Box 800822
Suite, Apt. #, etc.

04152005 Chg-P CR2E034 (10/03)

City & State
NORTH MIAMI BEACH, FL
Zip
33160
Country
U.S.

City & State
AVENTURA FL
Zip
33180-0822
Country
U.S.

4. FEI Number
20-0968120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WARREN, MARIA
3736 NE 136 ST
NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3915 N.E. 168 ST
City
NORTH MIAMI BEACH FL Zip Code
33160

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 **M. Santa Warren**

4.29.05

Signature, type 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARREN, MARIA 3736 NE 136 ST NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARREN, MARIA 3915 N.E. 168 STREET NORTH MIAMI BEACH FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.

SIGNATURE **M. Santa Warren**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.05

Date

786.285.9428

Daytime Phone #

Attachment
P04000055713
50047765



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 25, 2005

SGM REALTY, INC.
3736 NE 166 ST
NORTH MIAMI BEACH, FL 33160

SUBJECT: SGM REALTY, INC.
Ref. Number: P04000055713

We have received your check(s) totaling \$450.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 405A00028289