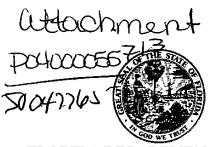
## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 04, 2005 8:00 am Secretary of State **DOCUMENT # P04000055713** 05-04-2005 90173 036 \*\*\*150.00 1. Entity Name SGM REALTY, INC. Principal Place of Business Mailing Address 3736 NE 166 ST 3736 NE 166 ST 50047765 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business Mailing Address 900822 MREET 3915 N.E. Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 CR2E034 (10/03) 4. FEI Number 968120 City & State Applied For NORTH F VENTURA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARREN, MARIA Street Address (P.O. Box Number is Not Acceptable) 3736 NE 136 ST NORTH MIAMI BEACH, FL 33160 Zip Code 33/60 NORTH MIAMI BEACH 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 U.29,05 SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agen) and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change ☐ Addition TITLE TITLE WARREN, MARIA WARREN MARIA NAME NAME 16657 3736 NE(136 ST STREET ADDRESS STREET ADDRESS NORTH MIAMIBEACH FL CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160 CITY-ST-ZIP 33160 TITLE Delete TITLE 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 is secute 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 address, with an address, with an address, with an address.

**FILED** 



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