

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90128 019 ***158.75

DOCUMENT # P05000003922

1. Entity Name
SG SARASOTA, INC.



Principal Place of Business
2 ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL 33134

Mailing Address
2 ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL 33134



2. Principal Place of Business

650 S. NORTHLAKE BLVD

Suite, Apt. #, etc.

SUITE 450

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

SEMINOLE

3. Mailing Address

650 S. NORTHLAKE BLVD.

Suite, Apt. #, etc.

SUITE 450

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

SEMINOLE

03172006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2177709

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN P.A.
2 ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
SALVADOR F. LECCESE

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

650 S. NORTHLAKE BLVD.

SUITE 450

City

ALTAMONTE SPRINGS

FL

Zip Code

32701

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
PRES.
SALVADOR F. LECCESE
650 S. NORTHLAKE BLVD. #450
ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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☐ Change ☐ Addition

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

Date

407-645-5575

Daytime Phone #