


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90316 021 ***150.00

DOCUMENT # P94000063337

1. Entity Name
S & G IMPORTS, INC.



Principal Place of Business Mailing Address

**16486 SW 20TH STREET
MIRAMAR, FL 33027** **16486 SW 20TH STREET
MIRAMAR, FL 33027**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
13232 sw 50th st Suite, Apt. #, etc.
13232 sw 50th st


City & State
Mirammar FL City & State
Mirammar FL

Zip Country Zip Country
33027 **US** **33027** **US**

6. Name and Address of Current Registered Agent

**SCHWARTZ, SHUKY
16486 SW 20TH STREET
MIRAMAR, FL 33027**

40047880



03312006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0519036 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
13232 SW 50TH ST

City State Zip Code
Mirammar **FL** **33027**

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, 2006 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	PDVD SCHWARTZ, SHUKY 16486 SW 20TH ST MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 13232 SW 50TH ST Mirammar FL 33027
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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"/> Change <input type="checkbox"/> Addition

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:  **SHUKY SCHWARTZ** **03-30-2006 (954)429-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #