

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000072052

1. Entity Name
S.G. II CORP.



Principal Place of Business

7800 W OAKLAND PARK BLVD SUITE 101
SUNRISE, FL 33351

Mailing Address

7800 W OAKLAND PARK BLVD SUITE 101
SUNRISE, FL 33351



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0569762

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAMOWITZ, RICHARD
7800 W OAKLAND PARK BLVD SUITE 101
SUNRISE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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, 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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME POMERANTZ, HOWARD L
STREET ADDRESS 7800 W OAKLAND PARK BLVD SUITE 101
CITY-ST-ZIP SUNRISE, FL 33351

TITLE D
NAME ABRAMOWITZ, RICHARD
STREET ADDRESS 7800 W. OAKLAND PARK BLVE. SUITE 101
CITY-ST-ZIP SUNRISE, FL

TITLE D
NAME SAGER, BERT
STREET ADDRESS 6129 SW 70 STREET 2ND FLOOR
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/19/04-80091-011 150.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

954-572-7200

Daytime Phone #