


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000067024

1. Entity Name
SAGEMONT, CORP.



Principal Place of Business Mailing Address
1570 TOWN CENTER CIRCLE 1570 TOWN CENTER CIRCLE
WESTON, FL 33326 WESTON, FL 33326

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0607207 Not Applicable

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

6. Name and Address of Current Registered Agent

FINEBERG, LIBO B ESQ.
3500 GATEWAY DRIVE, SUITE 201
POMPANO BEACH, FL 33069

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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, 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	VTD
NAME	GOLDMAN, RICHARD M
STREET ADDRESS	521 SW 7TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	PD
NAME	GOLDMAN, RENEE K
STREET ADDRESS	521 SW 7TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	VD
NAME	GOLDMAN, BRENT
STREET ADDRESS	4486 DOGWOOD CIRCLE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VSD
NAME	FINEBERG, LIBO B
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE 201
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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04/19/05-60016-002 158.73

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: *Richard Goldman* *Richard Goldman* Vice Pres. 2-7-05 954-389-2454

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