


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000067024**

1. Entity Name  
SAGEMONT, CORP.



Principal Place of Business  
2585 GLADES CIRLCE  
WESTON, FL 33327

Mailing Address  
2585 GLADES CIRCLE  
WESTON, FL 33327

**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0607207

Applied For  
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

**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 \_\_\_\_\_ 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, 2008 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	25 HENDRICKS ISLE APT #305
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	PD
NAME	GOLDMAN, RENEE K
STREET ADDRESS	25 HENDRICKS ISLE APT #305
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VD
NAME	GOLDMAN, BRENT
STREET ADDRESS	768 NANDINA DRIVE
CITY-ST-ZIP	WESTON, FL 33327
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	

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04/24/08-80038-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: \*** *Brent Goldman*  
Member Manager

Date: 4/9/08. Daytime Phone #: 954-389-2454