## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000067024

Entity Name: SAGEMONT, CORP

FILED Jan 30, 2009 Secretary of State

The state of the s						
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
2585 GLAD WESTON, I	ES CIRLCE FL 33327					
Current Mailing Address:			New Mailir	New Mailing Address:		
2585 GLADES CIRCLE WESTON, FL 33327						
FEI Number:	65-0607207	FEI Number Applied For ( ) FE	El Number Not Appli	cable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FINEBERG, LIBO B ESQ. 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GOLDMAN, RIC	S ISLE APT #305	Title: Name: Address: City-St-Zip:	GOLDMAN, R 444 HENDRIG	X) Change()Addition IICHARD M CKS ISLE APT #501 DALE, FL 33301	
Title: Name: Address: City-St-Zip:	GOLDMAN, RE	S ISLE APT #305	Title: Name: Address: City-St-Zip:	GOLDMAN, R 444 HENDRIG	X) Change () Addition ENEE K CKS ISLE APT #501 DALE, FL 33301	
Title: Name: Address: City-St-Zip:	VD ( ) GOLDMAN, BR 768 NANDINA I WESTON, FL	DRIVE	Title: Name: Address: City-St-Zip:	PD ( GOLDMAN, B 2548 HUNTER WESTON, FL	RS RUN WAY	
Title: Name: Address: City-St-Zip:	FINEBERG, LIE 3500 GATEWA	) Delete 30 B Y DRIVE, SUITE 201 ACH, FL 33069	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		) Delete	Title: Name: Address: City-St-Zip:	AVP ( ROSS, ADAM 1561 HARBO WESTON, FL	UR SIDE DR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT O. GOLDMAN PD 01/30/2009