2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000020948

Entity Name: S & G FINANCIAL SERVICES OF SOUTH FLORIDA, INC.

Apr 30, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

C/O 7900 SW 8 STREET MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

P.O. BOX 140571 CORAL GABLES, FL 331140571

FEI Number: 65-0665704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHUBERT, SCOTT MARRERO, CHULI & ASSOC 899 BELLA VISTA 2903 SALZÉDO ST CORAL GABLES, FL 33156 US US CORAL GABLES, FL 33143

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: JULIO C MARRERO 04/30/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: SCHUBERT, SCOTT GALCERAN, JORGE Name: Name: 899 BELLA VISTA P.O. BOX 140571 Address: Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: MIAMI, FL 33114

Title: VΡ Title: VΡ (X) Change () Addition () Delete GALCEREAN, JORGE Name: Name: GALCEREAN, JORGE 6000 RIVIERA DR P.O. BOX 140571 Address: Address:

MIAMI, FL 33146 CORAL GABLES, FL 33114 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition GALCERAN, CHRISTINE Name: GALCERAN, CHRISTINE Name:

6000 RIVIERA DR P.O. BOX 140571 Address: Address:

City-St-Zip: MIAMI, FL 33146 City-St-Zip: CORAL GABLES, FL 33114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: JORGE GALCERAN PD 04/30/2003