


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90038 046 ***150.00

DOCUMENT # P98000047532

1. Entity Name
S G OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address

5000 T-REX AVENUE STE 150 **5000 T-REX AVENUE STE 150**
SUITE 150 **SUITE 150**
BOCA RATON, FL 33431 **BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE

4011140Z



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0842434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGAL, NED L
5000 T-REX AVENUE, STE 150
BOCA RATON, FL 33431

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIEGAL, NED L 5000 T-REX AVENUE STE 150 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRUNDT, BRUCE S 5000 T-REX AVENUE STE 150 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAR, FRED B 5000 T REX AVENUE SUITE 156 BOCA RATON, FL 33431
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

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:  *Vice President* **4/24/07** **(561) 998-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BRUCE S. GRUNDT