

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000080060

1. Entity Name  
SA-GO JEWELRY, CORP.



Principal Place of Business

36 N.E. 1ST STREET  
SUITE 348  
MIAMI, FL 33132 US

Mailing Address

36 N.E. 1ST STREET  
SUITE 348  
MIAMI, FL 33132 US

FILED

04 JUN -8 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06072004 No Chg-P CR2E034 (10/03) *04*

4. FEI Number  
59-1637763

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GONZALEZ, EFREN  
922 S.W. 139TH COURT  
MIAMI, FL 33184

**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

*Efren Gonzalez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GONZALEZ, EFREN  
STREET ADDRESS 922 S.W. 139TH COURT  
CITY-ST-ZIP MIAMI, FL 33184

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

700038198477  
06/23/04--01067--011 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Efren Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #