
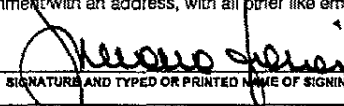


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000094699		
1. Entity Name S.G.C. MIAMI, INC.		
Principal Place of Business SHOPS AT SUNSET PL 5701 SUNSET DR. ST A-2 MIAMI, FL 33143 US		Mailing Address 236 MIRACLE STRIP PARKWAY SE FT. WALTON BEACH, FL 32548 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLEET, H.BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000520378 05/02/06-80094-001 150.00
TITLE	D	
NAME	TREMOLINI, GUIDO	
STREET ADDRESS	236 MIRACLE STRIP PARKWAY	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE	D	
NAME	FARONI, SIMONA	
STREET ADDRESS	236 MIRACLE STRIP PARKWAY	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4-17-06 850-243-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #