2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 12, 2006 08:00 AM Secretary of State 1. Entity Name S.G.R. CORPORATION Principal Place of Business Mailing Address 19130 N.W. MIAMI COURT MIAMI FL 33169 19130 N.W. MIAMI COURT MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0328396 Not Applier Zip Country Ζįρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LECORPS, RAYMOND R. Street Address (P.O. Box Number is Not Acceptable) 19130 N.W. MIAMI COURT MIAMI FL 33169 Zip Code 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 acc. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change ☐ A.1 000000503**768** 04/26/06-80048-001 150.**00** LECORPS, RAYMOND R. NAME NAME STREET ADDRESS STREET ADDRESS 19130 N.W. MIAMI COURT CITY-ST-ZIP CHY-ST-ZIP MIAMI FL TITLE SD ☐ Defete THICE ☐ Change ☐ Ad-NAME LECORPS, SARITA C. MAME STREET ADDRESS 19130 N.W. MIAMI COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Adm TITLE ☐ Detete DALE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TELLE ☐ Change □ A<sub>6</sub> NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY - ST- 21P TITLE Delete utt □ A:\*\*\* Change Change NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

SIGNATURE: ROMMOND R' LUMA: President 4-9-06 305/652-3078