


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000041478


1. Entity Name
CSGAR INC.



FILED
07 MAY 18 AM 11:12
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
20801 BISCAYNE BLVD 4TH FLOOR **20801 BISCAYNE BLVD 4TH FLOOR**
AVENTURA, FL 33180 **AVENTURA, FL 33180**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. **2665 S. Bayshore Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 703
 City & State City & State
Miami, FL
 Zip Country Zip Country
33133 **USA**



04302007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4502631 Not Applicable

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

6. Name and Address of Current Registered Agent
VALDIVIESO, XOCHITL A
20801 BISCAYNE BLVD 4TH FLOOR
AVENTURA, FL 33180

7. Name and Address of New Registered Agent
 Name **World Corporate Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive, Suite 703
 City **Miami** State **FL** Zip Code **33133**

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: *Anthony D. Richards* **Anthony D. Richards, President** DATE: **4/30/07**
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 | D | <input type="checkbox"/> Delete |
| NAME | GAROFOLI, CATERINA | |
| STREET ADDRESS | 20801 BISCAYNE BLVD 4TH FLOOR | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GAROFOLI, SARA | |
| STREET ADDRESS | 20801 BISCAYNE BLVD 4TH FLOOR | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 500103897945 | |
| CITY-ST-ZIP | 06/05/07-01015-006 **500.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Caterina Garofoli* **Caterina Garofoli** DATE: **4/30/07** DAYTIME PHONE: **(305) 858-9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE