

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90014 039 ***150.00

DOCUMENT # 552554

1. Entity Name

C.G.P. MOTEL, INC.



Principal Place of Business

3111 NORTH OCEAN DRIVE
APT. 307
HOLLYWOOD FL 33019

Mailing Address

3111 NORTH OCEAN DRIVE
APT. 307
HOLLYWOOD FL 33019



2. Principal Place of Business

1024 S.E. 4th Avenue

Suite, Apt. #, etc.

apt H02

City & State

DANIA FL.

Zip

33004

Country

U.S.A.

3. Mailing Address

1024 S.E. 4th Avenue

Suite, Apt. #, etc.

apt H02

City & State

DANIA FL.

Zip

33004

Country

U.S.A.

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1778393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAROLA, VINCENT
3111 N. OCEAN DRIVE APT #307
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 accept the obligations of registered agent.

SIGNATURE

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.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAROLA, VINCENT ☐ Delete
STREET ADDRESS 3111 NORTH OCEAN DRIVE APT 307
CITY-ST-ZIP DACULA GA 30019

TITLE STD
NAME PAULINE, CAROLA ☐ Delete
STREET ADDRESS 3111 NORTH OCEAN DRIVE APT 307
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-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 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: Vincent Carola VINCENT CAROLA

3/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #