


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90060 001 \*\*\*\*61.25

<b>DOCUMENT # 745348</b> 1. Entity Name <b>C.G. RECREATION EQUITY, INC.</b>					
Principal Place of Business <b>4850 NW 22 CT. LAUDERHILL FL 33313</b>			Mailing Address <b>4850 NW 22 CT. LAUDERHILL FL 33313</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1879033</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>FRIEDMAN PHILIP NAT BARRETT</b>  <b>4740 4751 N.W. 21ST. ST. CAPT 613 100</b>  <b>LAUDERHILL FL 33313</b> </div>				7. Name and Address of New Registered Agent  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         Name          Street Address (P.O. Box Number is Not Acceptable)          City <span style="float: right;"><b>FL</b></span> Zip Code       </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, PHILIP 475 NW 21ST CAPT 618 LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR BARRETT NAT 4740 NW 21ST CAPT 100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR BARRETT, NAT 4140 NW 21ST APT 100 LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daudrey GOLDMAN 4150 NW 21ST. APT 200	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMAN, SALLY 4751 N.W. 21 ST LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERKOWITZ, GERSHON 4751 N.W. 21 ST. APT. 612 LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBANELL, LOU 4801 NW 22 CT., APT 100 LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIEE, CARL 4821 NW 22 CT APT 202 LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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.					
<b>SIGNATURE:</b> <u>Phil Barrett</u> <span style="float: right;">2/14/05</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					