2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 764538** 1. Entity Name 04-05-2004 90065 008 ****61.25 CGV ASSOCIATION, INC. Principal Place of Business Mailing Address 2980 JACKSON AVE P.O. BOX 330107 COCONUT GROVE FL 33133 **COCONUT GROVE FL 33233** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2889124 Not Applicable Zip Country Zip 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 RITTENBERG, LEONARD Street Address (P.O. Box Number is Not Acceptable) 2980 JACKSON AVE P.O. BOX 0107 COCONUT GROVE FL 33233 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TTLE TITLE Delete ☐ Change Addition RITTENBERG, LEONARD NAME NAME 2980 JACKSON AVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIF CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition TANNENBAUM, PAUL NAME 2970 JACKSON AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEST-HIGGINS, JOSIE NAME NAME 2960 JACKSON AVE: STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DIAZ, JOSE NAME NAME 2950 JACKSON STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appears with all other like empowered.

FILED

SIGNATURE: Leonard Rittenberg 04/02/04 305-567-2571