


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 764538 1. Entity Name CGV ASSOCIATION, INC.	
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Principal Place of Business 2980 JACKSON AVE COCONUT GROVE, FL 33133	Mailing Address P.O. BOX 330107 COCONUT GROVE, FL 33233 US
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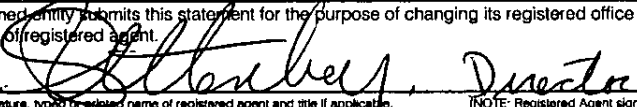
02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2889124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RITTENBERG, LEONARD 2980 JACKSON AVE COCONUT GROVE, FL 33133

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IN THIS SPACE**

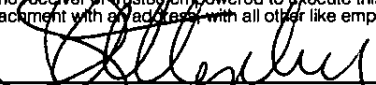
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  Director 02/04/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTENBERG, LEONARD 2980 JACKSON AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST-HIGGINS, JOSIE 2960 JACKSON AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST - HIGGINS, RONALD 2970 JACKSON AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, EKOMOU 2950 JACKSON AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/08-80092-008 61.25

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a valid power of attorney with all other like empowered.
SIGNATURE:  02/04/08 103-627-8100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>