2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000006613

1. Entity Name

CGS ENTERPRISES, INC. OF DELAWARE



FILED May 02, 2006 08:00 AN Secretary of State

Daytime Phone #

Principal Place of Business

6300 NE FIRST AVENUE SUITE 300 FORT LAUDERDALE, FL 33334 US Mailing Address

PO BOX 11126 DAYTONA BEACH, FL 32120



DO NOT WRITE IN THIS SPACE

03212006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0528726 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SADE5R, ROBERT L ESQ 1901 W CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
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		Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOB ROSCHMAN, ROBERT J 6300 NE FIRST AVENUE STE 300 FORT LAUDERDALE, FL 33334			U00000558559 05/17/06-80096-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSCHMAN, JEFFREY S 6300 NE FIRST AVENUE STE 300 FORT LAUDERDALE, FL 33334			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 accurate and other like empowered.				