2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G99893

Entity Name
 COMMERCIAL PROPERTIES GROUP, INC.



FILED Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business

% CY PROPERTIES, INC. 404 WASHINGTON AVE., ATTN: CHINA GRILL MIAMI BEACH, FL 33139 Mailing Address

% CY PROPERTIES, INC. 404 WASHINGTON AVE., ATTN: CHINA GRILL MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 23-2131107 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CY PROPERTIES, INC. 404 WASHINGTON AVE. ATTN: CHINA GRILL MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its regi	istered office or r	egistered agent, or bot	h, 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: Reg	jistered Agent signature	required when reinstating)	OATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					1,1111111111111111111111111111111111111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHODOROW, JEFFREY R. 19925 NE PL PH 701 AVENTURA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOGEL, LARRY D. 748 CANTERBURY LN VILLANOVA, PA			,	000000662155 [%] 03/21/07-80001-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in 1	THIS SPACE
TITLE	. 1			ì	· • • • • • • • • • • • • • • • • • • •

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 suppliemental 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 of 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: _

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.6.07

305.957.0600

711-7-0-17