

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100212

FILED
Feb 16, 2006
Secretary of State

Entity Name: C.P.G. INSURANCE AGENCY, INC.

Current Principal Place of Business:

710 NORTH STATE RD 7
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

710 NORTH STATE RD 7
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-1051573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLMAN, MARK
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

COLLAZO, MARIA P PSTD
710 N STATE ROAD 7
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: MARIA P COLLAZO 02/16/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COLLAZO, MARIA P
Address: 13301 SW 14 PLACE
City-St-Zip: DAVIE, FL 33325

Title: VP () Delete
Name: SANTIAGO, STEVEN A
Address: 13301 SW 14 PLACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA P COLLAZO PSTD 02/16/2006

Electronic Signature of Signing Officer or Director Date