2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90359 046 ***150.00

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1. Entity Name
CGC DEVELOPMENT CORP.

Principal Place of Business
8420 SW 142ND STREET
MIAMI, FL 33158

Mailing Address
8420 SW 142ND STREET
MIAMI, FL 33158

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
13950 SW 72 Ave
Suite, Apt. #, etc.
City & State
Palmetto Bay, FL.
Zip 33158 Country

3. Mailing Address
13950 SW 72 Ave
Suite, Apt. #, etc.
City & State
Palmetto Bay, FL.
Zip 33158 Country

4. FEI Number 65-1152733 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SALAS, RAUL E ESQ
SALAS EDE PETERSON & LAGE LLC
6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE CASTRO, CLARA	NAME	
STREET ADDRESS	8420 SW 142ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP	
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE CASTRO, CRISTOBAL	NAME	
STREET ADDRESS	8420 SW 142ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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 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: Clara G. De Castro — Clara De Castro — 4/27/04 — 786-486-6104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #