2007 FOR PROFIT CORPORATION ANNUAL REPORT ...

DOCUMENT # P01000118378

1. Entity Name

C & G WIRELESS, INC.



FILED Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

520 W. SR 436

1108

ALTAMONTE SPRINGS, FL 32714

925 SOUTH SEMORAN BLVD. WINTER PARK, FL 32792



DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3850576

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CASTIGLIONE, JOSEPH 925 SOUTH SEMORAN BLVD. WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with,	and accept
SIGNATURE_	<u> </u>	•	•			
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	l Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTIGLIONE, JOSEPH 925 SOUTH SEMORAN BLVD. WINTER PARK, FL 32792		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENCO, MICHAEL 925 S. SEMORAN BLVD #108 WINTER PARK, FL 32792			:	000000643764 03/02/07-80014-022 158	3. 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			31) 3	IN .	THIS SPACE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 fustee 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:

EAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/0

407-457-235

Daytme Phone #