

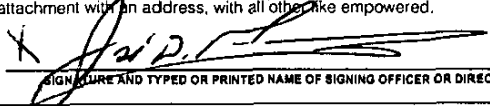


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90365 036 ***150.00

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # P02000006233 1. Entity Name C.G. REAL ESTATE ENTERPRISES, INC. | | | |  | |
| Principal Place of Business 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129 | | | Mailing Address 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129 | | |
| 2. Principal Place of Business 2100 W. 76 ST Suite, Apt. # etc. #212 | | 3. Mailing Address 2100 W. 76 ST Suite, Apt. # etc. #212 | |  | |
| City & State Hialeah FL | | City & State Hialeah-FL | | 02072006 Chg-P CR2E034 (11/05) | |
| Zip 33016 | | Country USA | | 4. FEI Number 04-3590163 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MIAMI CORPORATE REGISTRY 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 W. 76 ST #212 City Hialeah FL Zip Code 33016 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BESU, ROGER 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2100 W. 76 ST #212 Hialeah FL 33016 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FERNANDEZ, JOSE D 13270 SW 131ST STREET #131 MIAMI, FL 33186 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 4-26-2006 2005-854-6263 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |