
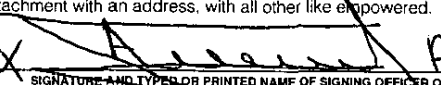


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90489 019 \*\*\*150.00

<b>DOCUMENT # P02000028496</b> 1. Entity Name <b>C G PROPERTY INVESTMENTS GROUP CORP.</b>																										
Principal Place of Business <b>1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146</b>				Mailing Address <b>1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146</b>																						
2. Principal Place of Business <b>201 CRANDON BLVD</b> Suite, Apt. #, etc. <b># 630</b> City & State <b>KEY BISCAIENE FL</b> Zip <b>33149</b>		3. Mailing Address <b>201 CRANDON BLVD</b> Suite, Apt. #, etc. <b># 630</b> City & State <b>KEY BISCAIENE FL</b> Zip <b>33149</b>		03082004    Chg-P    CR2E034 (10/03)																						
4. FEI Number <b>71-0876319</b>				Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>SANCHEZ DE VARONA, RAUL J 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146</b>																						
7. Name and Address of New Registered Agent Name <b>Alfredo Gutierrez</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 Crandon Blvd</b> <b>Apto 630</b> City <b>Key Biscayne</b> <b>FL</b> Zip Code <b>33149</b>				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:  <b>Alfredo Gutierrez</b> 2/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>GUTIERREZ, CARLOS</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1320 SOUTH DIXIE HIGHWAY SUITE 280</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>CORAL GABLES, FL 33146</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Gutierrez, CARLOS</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>201 CRANDON BLVD #630</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>KEY BISCAIENE, FL 33149</b></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	<b>GUTIERREZ, CARLOS</b>		STREET ADDRESS	<b>1320 SOUTH DIXIE HIGHWAY SUITE 280</b>		CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>		TITLE	Gutierrez, CARLOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>201 CRANDON BLVD #630</b>		STREET ADDRESS	<b>KEY BISCAIENE, FL 33149</b>	
TITLE	D	<input type="checkbox"/> Delete																								
NAME	<b>GUTIERREZ, CARLOS</b>																									
STREET ADDRESS	<b>1320 SOUTH DIXIE HIGHWAY SUITE 280</b>																									
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>																									
TITLE	Gutierrez, CARLOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	<b>201 CRANDON BLVD #630</b>																									
STREET ADDRESS	<b>KEY BISCAIENE, FL 33149</b>																									
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:  <b>Alfredo Gutierrez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										
Date <b>03/12/04</b> Daytime Phone #																										