

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO2000090457**
 1. Entity Name
C.G.D. Home Solutions, Inc.

FILED
 04 JAN 15 PM 2:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
000025734260
 12/23/03--01051--031 **150.00
 DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2823 N. Course Dr
 Suite, Apt. #, etc.
105
 City & State
Pompano Beach, FL

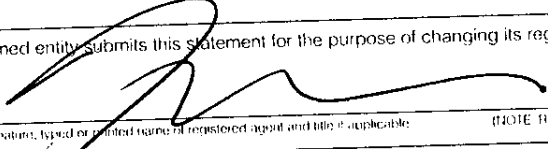
3. Mailing Address
2823 N. Course Dr
 Suite, Apt. #, etc.
105
 City & State
Pompano Beach, FL
 Zip
33069 Country
US

4. FEI Number
51-0423737 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
Joseph K. Nott, PA
 Street Address (P.O. Box Number is Not Applicable)
3284 N. State Rd 7
 City
Lauderdale Lakes FL Zip Code
33309

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.
 SIGNATURE 

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTD GIL, Janier 2823 N. Course Dr. 105 Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president + Chalela, Maria 2823 N. Course Dr. 105 Pompano Beach, FL 33069	000025734260 01/15/04--01010--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

C.G.R. HOME SOLUTIONS, INC.

2823 N COURSE DR. # 105
POMPANO BEACH, FL 33069
(561) 714-2611

December 18th, 2003

Attn.:
Reinstatement Department
Florida Department of State
Division of Corporations
P.O. Box 6327
~~Tallahassee, FL 32314~~

Re:
P02000090457

Dear Reinstatement Officer;

Please be advised that we did not received the corporation's 2003 Uniform Business Report. Our new address was provided to you last year. However, we did not see it updated in your files, please update our new address accordingly. Attached you will find a filled out UBR 2003, along with check No. 3252 for the amount of \$ 150.00 dollars due for renewal.

Therefore, we would like to request that you please waive all penalties, and update your files as soon as possible.

Sincerely,


President