

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090457

1. Entity Name  
C.G.D. Home Solutions, Inc.

DO NOT WRITE IN THIS SPACE

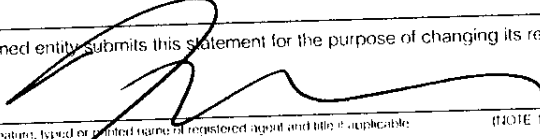
2. Principal Place of Business 2823 N. Course Dr Suite, Apt. #, etc. 105 City & State Pompano Beach, FL		3. Mailing Address 2823 N. Course Dr Suite, Apt. #, etc. 105 City & State Pompano Beach, FL	
Zip 33069	Country US	Zip 33069	Country US

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

4. FEI Number 51-0423737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent Name Joseph K. Nott, PA Street Address (P.O. Box Number is Not Acceptable) 3284 N. State Rd 7 City Lauderdale Lakes FL Zip Code 33309	
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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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)		9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000025734260 01/15/04--01010--005 **150.00
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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 #

CR2E034B (12/01)

# C.G.R. HOME SOLUTIONS, INC.

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

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December 18th, 2003

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

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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.

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Sincerely,



President