

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90056 019 \*\*\*150.00

**DOCUMENT # P03000065251**

1. Entity Name

CGS INDUSTRIES, INC.



Principal Place of Business

34-09 QUEENS BLVD THIRD FLOOR  
LONG ISLAND CITY NY 11101

Mailing Address

34-09 QUEENS BLVD THIRD FLOOR  
LONG ISLAND CITY NY 11101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0049620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO, DIRECTOR	<input type="checkbox"/> Delete
NAME	LAL SANI	
STREET ADDRESS	34-09 QUEENS BLVD.	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	
TITLE	TRUSTEE DIRECTOR	<input type="checkbox"/> Delete
NAME	ASHE SANI	
STREET ADDRESS	34-09 QUEENS BLVD.	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SUNIL SANI	
STREET ADDRESS	34-09 QUEENS BLVD.	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SURESH SANI	
STREET ADDRESS	34-09 QUEENS BLVD	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	
TITLE	TRUSTEE, DIRECTOR	<input type="checkbox"/> Delete
NAME	LEGANN BROWN	
STREET ADDRESS	34-09 QUEENS BLVD	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04

718-462-0700