


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000065251</b>	
1. Entity Name <b>CGS INDUSTRIES, INC.</b>	

Principal Place of Business <b>34-09 QUEENS BLVD THIRD FLOOR LONG ISLAND CITY, NY 11101</b>	Mailing Address <b>34-09 QUEENS BLVD THIRD FLOOR LONG ISLAND CITY, NY 11101</b>
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0049620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO SANI, LAL 34-09 QUEENS BLVD. LONG ISLAND CITY, NY 11101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANI, SUNIL 34-09 QUEENS BLVD. LONG ISLAND CITY, NY 11101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SURESH, SANI 34-09 QUEENS BLVD LONG ISLAND CITY, NY 11101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BRAUN, LEONARD 34-09 QUEENS BLVD. LONG ISLAND CITY, NY 11101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80062-011 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leonard M. Braun*  
1/4/07

Daytime Phone #