

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P04000036840

1. Entity Name
CGT MARKETING, P.A.



Principal Place of Business

20283 STATE RD. 7
SUITE 300
BOCA RATON, FL 33498 US

Mailing Address

20283 STATE RD. 7
SUITE 300
BOCA RATON, FL 33498 US



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
34-1991380	Not Applicable

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

6. Name and Address of Current Registered Agent

FARBER, ANDREW
20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498

**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 _____

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, 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	D
NAME	TESSLER, CHARLES G
STREET ADDRESS	20283 STATE RD. 7, SUITE 300
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	
NAME	
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CITY-ST-ZIP	

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05/22/07-80018-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/30/07 561-716-7464
Date Daytime Phone #