2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P04000043144 Mar 12, 2007 08:00 AM **Secretary of State** CG ENTERPRISES OF TAMPA, INC. Principal Place of Business Mailing Address 2512 W BRADDOCK ST 2512 W BRADDOCK ST **TAMPA FL 33607 TAMPA FL 33607** 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 34-1989394 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GUEVARA, CARMELO Stroot Address (P.O. Box Number is Not Acceptable) 2512 W BRADDOCK ST TAMPA FL 33607 Zip Code 8. The above named ontity 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PID HIT Change Addition Delete ш GUEVARA, CARMELO NAME NAMI 2512 W BRADDOCK ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33607** CITY-ST-ZIP CHY-ST-ZIP U00000663636- change - Addition 03/22/07-80012-006 150.00 ☐ Defete STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CUY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP THLE ☐ Delete Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP Delcte ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP IIILE Delete DILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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