

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90218 006 \*\*\*150.00

**DOCUMENT # P04000072098**

1. Entity Name  
**CNG COMM GROUP, INC**



Principal Place of Business  
**8221 FAIRWAY ROAD  
SUNRISE, FL 33351 US**

Mailing Address  
**8221 FAIRWAY ROAD  
SUNRISE, FL 33351 US**

**14000040**



2. Principal Place of Business  
**10500 NW 50 Street  
Suite, Apt. #, etc.  
Suite 204**

3. Mailing Address  
**Suite, Apt. #, etc.**

**04072005 Chg-P CR2E034 (10/03)**

City & State  
**Sunrise, FL**  
Zip  
**33351** Country  
**USA**

City & State  
**Zip** Country

4. FEI Number  
**394562677** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FELIX, CHRISTOPHER R  
1833 NW 56TH TERRACE  
LAUDERHILL, FL 33313**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **WHYTE, GARY M**  
STREET ADDRESS **8221 FAIRWAY ROAD**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **VP** ☐ Delete  
NAME **FELIX, CHRISTOPHER R**  
STREET ADDRESS **1833 NW 56TH TERRACE**  
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

**SIGNATURE:** *Christopher Felix* **Christopher Felix**

**4-17-05**

**754 246 1537**

Date Daytime Phone #