2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P04000081874 1. Entity Name CG1, INC.						04-15-200:	5 90078	039 ***15	50.00	
Principal Plac	e of Business	Mailing Address			1					
22767 STATE ROAD 7		6190 WILES RD								
BOCA RATON, FL 33428		302							•	
		CORAL SPRINGS, FL 330	067						1841 II (88)	
		<u>-</u>								
2. Principal Place of Business		3. Mailing Address						<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092005	Chg-P	CR2E	034 (10/03)		
City & State		City & State		4. FEI Number			<u> </u>	plied For		
		7:- Country			26	1-0246	191		t Applicable	
Zip Country		Zip Country			5. Certificate of	f Status Desired		\$8.75 Add		
		<u> </u>			7 N and	Address of Nov. 5			J	
	6. Name and Address of Current	Registered Agent .	N/o	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent					
KODICH C	SACIV .	IN C	Name							
KORISH, SAGIV :				Street Address (P.O. Box Number is Not Acceptable)						
CORAL SPRINGS, FL 33067										
00.012.01	t 1000, 12 0000,	•								
	100 mg		Ci	h/				Zip Code		
(g) M.,				•			FI	<u>- </u>		
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered of	fice or register	ed agent, or both	, in the State of FI	orida. Lam	n familiar with,	and accept	
the obligations of registered agent.										
SIGNATURE Signature, lybed 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	: OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AN	D DIRECTORS	S IN 11	
TITLE	P OFFICERS AND	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	MAUDA DROR	L Delate	NAME							
STREET ADDRESS	11033 NW 8 COURT		STREET ADD	DAESS						
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-Z	I .						
	VP	Delete	TITLE					☐ Change	Addition	
TITLE '	KORISH, SAGIV	· 🗀 Delete	NAME					C. cuante		
STREET ADDRESS	6190 WILES RD, # 302		STREET ADD	DRESS.					ł	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-Z	I .						
	331412 OF 1111135 1 E 33331		TITLE	-	· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition	
TITLE		☐ Delete	NAME	ļ				□ Change	C. MODIOON	
STREET ADDRESS		* *	STREET ADD	DRESS	-	-	-			
CITY-ST-ZIP			CITY-ST-Z							
			-	·				☐ Change	Addition	
TITLE		Delete	TITLE NAME	.				Christings	L. Addition	
NAME STREET ADDRESS			STREET ADI	DRESS						
CITY-ST-ZIP			CITY-ST-Z	- 1						
<u> </u>			,					Change	Addition	
TITLE		☐ Delete	TITLE					☐ Change		
NAME CTREET ADDRESS			NAME STREET ADI	nerce						
STREET ADDRESS CITY-ST-ZIP	j		CITY-ST-Z	- 1					(
ļ					<u> </u>	•			□ 1 22000	
TITLE	·	Delete -	TITLE		••			☐ Change	☐ Addition	
NAME		17.	NAME CTMCT AD							
STREET ADDRESS			STREET AD		•					
CITY-ST-ZIP	<u> </u>		CITY-ST-Z		<u>.</u>					
1 12 Iboroby	certify that the information supplied wit	h this filing does not qualify for	the exemption	on stated in Se	ection 119.07(3)(i	 Florida Statutes. 	I further co	ertify that the in	ntormation	

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:

うけつう

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mistor

(SW) 477-063