2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000081874

1. Entity Name
CG1, INC.

Principal Place of Business	Mailing Address
22767 STATE ROAD 7 BOCA RATON, FL 33428	6190 WILES RD 302 CORAL SPRINGS, FL 33067

DO NOT WRITE IN THIS SPACE

03222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
30-0246161	Not Applicable

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

6. Name and Address of Current Registered Agent

KORISH, SAGIV
6190 WILES RD
CORAL SPRINGS, FL 33067

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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	P
NAME	MAUDA, DROR
STREET ADDRESS	11033 NW 8 COURT
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VP
NAME	KORISH, SAGIV
STREET ADDRESS	6190 WILES RD, # 302
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80042-005 150.00

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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: _____   4/14/07   (561) 883-____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #