


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90134 050 \*\*\*150.00

**DOCUMENT # P04000090539**

1. Entity Name  
 CPG ENTERPRISES OF ORLANDO, INC.



Principal Place of Business  
 8197 NEWCOMER LANE  
 ORLANDO, FL 32825

Mailing Address  
 8197 NEWCOMER LANE  
 ORLANDO, FL 32825

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



08262005 Chg-P CR2E034 (10/03)

4. FEI Number  
 20-1232388

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 PAEZ, CARLOS  
 8197 NEWCOMER LANE  
 ORLANDO, FL 32825

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Numbers 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P PAEZ, CARLOS 8197 NEWCOMER LANE ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-05 (407) 832-9484  
 Date Daytime Phone #

ATTACHMENT

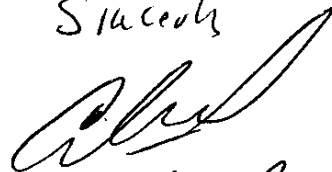
8-26-03

~~5064957~~  
#P04000090539

to Whom it MAY concern

I NEVER RECEIVED THE ANNUAL REPORT  
TO FILED FOR MY CORPORATION I SHOULD NOT  
BE HELD RESPONSIBLE FOR THE LATE FEES OF  
\$400 DOLLARS

Sincerely



CARLOS PEREZ