## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 10, 2006 08:00 AN Secretary of State

DOCUMENT # P04000100757  1. Entity Name CGW INVESTMENT CORP.			Secretary of State			
1	e of Business	Mailing Address				
5059 NW 86 CORAL SPRIM	6 WAY NGS, FL 33067	5059 NW 86 WAY Coral Springs, FL 33067				
DO NOT WRITE IN THIS SPACE			CE	02062006	No Chg-P	CR2E034 (11/05)
				4. FEI Numb 80-011		Applied For Not Applicable
				<del></del>	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	2		7	
BRANDT, ALAN C JR. ESQ 150 S. PINE ISLAND ROAD, SUITE 400 PLANTATION, FL 33324				DO	NOT W	RITE
			_	IN .	THIS SF	ACE
						_
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 registrated agent shift till application. (NOTE, Registered Agent signature required when fill registered (when fill registered).						
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.			, _ ,	.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS			CONTROL CONTROL OF THE PARTY OF	
NAME	GOLDSTEIN, JEFFREY D					
STREET ADDRESS CITY-ST-ZIP	5059 NW 86 WAY   CORAL SPRINGS, FL 33067				Å	
TITLE	VD				- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M28571 -80055-002 150.00
NAME STREET ADDRESS	WALZER, JEFFREY M 8207 N. SAVANNAH CIRCLE		1		UKYZIYUb-	-8JU55-UUZ 15U.UU
CITY-ST-ZIP	DAVIE, FL 33328	<del></del>				
TITLE NAME	TSD CORONADO, GEORGE L	•	l		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP	11745 SW 119 TERRACE MIAMI, FL 33186			DO	NOT W	RITE
TITLE	Wiralii, 12 33 100	t v			THIS SE	-
NAME STREET ADDRESS	<u> </u>		}	114	IIIIO OF	MUL
CITY-ST-ZIP						
TITLE NAME		,			manage and another than the same of the sa	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER
STREET ADDRESS	Verant.					
TITLE		3.			-7 3	
NAME STREET ADDRESS			1			

12. I hereby certify that the information supplied with this filling 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:

DEPTHET GOLDSTON

2/7/06

954-227-3407

Daytime Phone #