2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103274 1. Entity Name CGF BUILDERS, INC.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 SEP 22 PM 2: 54			
6804 S.W. 114 PLACE Unit H Miami, FL 33173		Mailing Address 6804 S.W. 114 PLACE UNIT H MIAMI, FL 33173						
2. Principal Place of B	winess93 AND NULL NA	3. Mailing Address 8135 Suite. Apt. #, etc.	SW 9 11A	3 1 00 09 162005	Chg-P	CR2E034 (10/03)		
Cip & State Hiumi, F 33173	Country A	33173	Mí Fr		er 20-1353 of Status Desired	3459 N \$8.75 Ac Fee Requir		
FERNANDEZ, CARLOS G JR. 6804 S.W. 114 PLACE UNIT H MIAMI, FL 33173				Name Street Address (P.O. Box Number is Not Acceptable)				
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 accertific the obligations of registered agent. SIGNATURE								
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005 PATE (NOTE: Registered Agent agressive required when renatising) \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
STREET ADDRESS 6804 S	OFFICERS AND D ANDEZ, CARLOS G JR. S.W. 114 PLACE, UNIT H , FL 33173	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fernandez, 8125 Sw		CERS AND DIRECTOR	RS IN 11	
STREET ADDRESS 6804 S	ANDEZ, ALICIA M S.W. 114 PLACE, UNIT H I, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fer nandez	, Alicia M 3 Avenue	™ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/20	00060C 3/0501008	003 **150		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filling 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 emptive fed 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: 305 10 19-010 5 SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 516 Dayling Phone 9								