


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90147 005 ***150.00

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| DOCUMENT # P05000038671 |  |
| 1. Entity Name CG 2005, INC. | |

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| Principal Place of Business 11679 SW 144TH COURT MIAMI FL 33186 | Mailing Address 11679 SW 144TH COURT MIAMI FL 33186 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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1st MOORE CR2E034 (10/05)

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|--------------|--------------|---------------|---|
| City & State | City & State | 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BARRIOS, CHRISTINE 19800 SW 180TH AVE # 100 MIAMI FL 33187 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 <i>Christine Barrios</i> <small>(Signature, typed or printed name of registered agent and title if applicable)</small> | DATE 4/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT <input type="checkbox"/> Delete GOBIN, GARY 11679 SW 144TH COURT MIAMI FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS <input type="checkbox"/> Delete BARRIOS, CHRISTINE 19800 SW 180TH AVE # 100 MIAMI FL 33187 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemptions contained in Section 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 title empowered. | |
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| SIGNATURE: <i>Christine Barrios</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 4/12/06 <small>DATE</small> | DAYTIME PHONE # (305) 989-5300 <small>DAYTIME PHONE #</small> |
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