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Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90023 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000111533

1. Entity Name
C. G. OF FLORIDA CORP.

40035166

Principal Place of Business	Mailing Address
3470 S.W. 9 STREET APT. B-9 MIAMI, FL 33135	3470 S.W. 9 STREET APT. B-9 MIAMI, FL 33135

03072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1627 Brickell Ave	2475 NW 16 St, Rd.
Suite, Apt. #, etc. 1204	Suite, Apt. #, etc. 505
City & State MIAMI Fl. 33129	City & State MIAMI, FL.
Zip 33129 Country USA	Zip 33125 Country USA.

4. FEI Number 51-0351505 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YANES, JUAN E
3470 SW 9 ST
APT B-9
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name JUAN E. YANES
Street Address (P.O. Box Number is Not Acceptable) 2475 NW 16 St, Rd. Aptm. 505
City MIAMI FL Zip Code 33125

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 JUAN E. YANES [signature] 3-10-07
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GALLEGO, CARLOS 3470 SW 9 ST 89 MIAMI, FL 33135	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GALLEGO, CARLOS 1627 Brickell Ave. # 1204 MIAMI, FL. 33129-1282	☒ Change ☐ Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: [signature] 3/10/07 7869733484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #