2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108422

Entity Name: C.F.G. IMPORT, INC.

FILED May 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17429 COBBLESTONE LANE CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 17429 COBBLESTONE LANE CLERMONT, FL 34711 FEI Number: 20-5425054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, MONIKA 17429 COBBLESTONE LANE CLERMONT, FL 34711 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WHITE, THOMAS E Name: Name: 17429 COBBLESTONE LANE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: AZOULAI, ERIC L Name: 310 LAUREL COVE COURT Address: Address: CLERMONT, FL 34711 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition AZOULAI, NORAH L Name: Name: 310LAUREL COVE COURT Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: () Change () Addition WHITE, MONIKA Name: Name: Address: 17429 COBBLESTONE LANE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WHITE, MICHAEL Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MONIKA WHITE S 05/04/2009

17429 COBBLESTONE LANE

CLERMONT, FL 34711

Address: City-St-Zip: