

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127418

Entity Name: C M C G ENTERPRISES, INC.

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

13328 NW 7TH ST.  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

13328 NW 7TH ST.  
PLANTATION, FL 33325

**New Mailing Address:**

FEI Number: 14-1981536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERA, CESAR  
13328 NW 7TH ST.  
PLANTATION, FL 33325      US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: RIVERA, CESAR  
Address: 13328 NW 7TH ST.  
City-St-Zip: PLANTATION, FL 33325

Title: V ( ) Delete  
Name: PEREZ, MARIOLI  
Address: 13328 NW 7TH ST.  
City-St-Zip: PLANTATION, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CESAR RIVERA

P

04/15/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date