

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125647

Entity Name: C.M.G. ORLANDO INC.

FILED
Jun 24, 2008
Secretary of State

Current Principal Place of Business:

636 APPLEWOOD AVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

636 APPLEWOOD AVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ABREO, SIRVIEN
636 APPLEWOOD AVE
ALTAMONTE SPRINGS, FL 32714 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: D'ABREO, CORINNE
Address: 636 APPLEWOOD AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: D'ABREO, MARTINA
Address: 636 APPLEWOOD AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SECT () Delete
Name: D'ABREO, GABRIELLA
Address: 636 APPLEWOOD AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TREA () Delete
Name: D'ABREO, SIRVIEN
Address: 636 APPLEWOOD AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SIRVIEN

TRE

06/24/2008

Electronic Signature of Signing Officer or Director

Date