## 2005 FOR PROFIT CORPORATION

## Apr 25, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P94000031012 04-25-2005 90302 014 \*\*\*150.00 1. Entity Name C.G.T. HOLDING, INC. Principal Place of Business Mailing Address 50043487 384 S. MILITARY TRAIL 384 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 Principal Place of Business 3. Mailing Address 2500 N. MiliTAR 2500 N. MilITARN Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 Cha-P CR2E034 (10/03) 260 City & State City & State 4 FFI Number Applied For 65-1063832 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -5. Name and Address of Current Registered Agent Name CHESLER, BARRY S 384 SO. MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable ITARY DEERFIELD BEACH, FL 33442 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Addition NAME CHESLER, BARRY S NAME 2500 N.M. litary BOCA RATON, PI TR #260 STREET ADDRESS 384 S. MILITARY TRAIL STREET ADDRESS DEERFIELD BCH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY+ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 propriets a required by Chapter 607. SIGNATURE