## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2004 8:00 am Secretary of State

DOCUMENT # P95000037891  1. Entity Name CGT PROPERTIES, INC.							05-04-2004 90163 044 ***158.75					
·			Mailing Address									
WEST PALM BEACH, FL 33401			777 S. FLAGLER DRIVE Suite 1101									
			WEST PALM BEACH, F	L 33401	US							
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0203200	)4	Chg-P	CR2E	034 (10/03)		
City & State			City & State			4. FEI Nu 65-0		354		<u> </u>	pplied For at Applicable	
Zip Country		ntry	Zlp	Countr		5. Certificate of Status Desire			×	\$8.75 Add	litional	
	6. Name and Ad	Idress of Current R	egistered Agent	1		7. Name	and A	dress of New Reg	gistered			
QII VESTD	DI LAWDENCE	Λ			Name							
SILVESTRI, LAWRENCE A 777 S FLAGLER DR SUITE 1101E					Street Address (P.O. Box Number is Not Acceptable)							
WEST PAI												
					City				FL	Zip Code	е	
	named entity submit tions of registered ag		the purpose of changing its	s registere	ed office or reg	gistered agent, o	both,	in the State of Flori	da. ∃am	familiar with,	and accept	
SIGNATURE_	Signature, typed or printed	name of registered agent and	d title if applicable. (NO	TE: Registere	d Agent signature re	equired when reinstaling	1)		DATE		<del></del>	
							<u> </u>		4			
FIL After Ma	E NOW!!! FEE I ay 1, 2004 Fee	S \$150.00	9. Election Campa	-	icing	\$5.00 May Be Added to Fees	,					
After Ma	ay 1, 2004 Fee	S \$150.00	9. Election Campa Trust Fund Con	tribution.		Added to Fees		HANGES TO OFFIC	-1			
10.	<b>ay 1, 2004 Fee</b> VPS	S \$150.00 will be \$550.00	9. Election Campa Trust Fund Con	tribution.		Added to Fees		HANGES TO OFFIC	-1	D DIRECTORS	S IN 11	
After Ma	ay 1, 2004 Fee	IS \$150.00 will be \$550.00 OFFICERS AND D	9. Election Campa Trust Fund Con	11.		Added to Fees		HANGES TO OFFIC	-1			
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12. I hereby 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 an address, with an address, with an address, with a like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

561-833-3777

Daytime Phone #