## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000026130

Entity Name: C.G.Y. CORP.

FILED Feb 23, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

162 NW 108 ST 1626 SW MACKENCEA ST MIAMI SHORES, FL 33168 PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

 162 NW 108 ST
 1626 SW MACKENCEA ST

 MIAMI SHORES, FL 33168
 PORT ST. LUCIE, FL 34953

FEI Number: 65-0739049 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:

OVIES, EDUARDO
2307 S DOUGLAS ROAD
STE 400
MIAMI, FL 33145 US
OVIES, EDUARDO
3785 NW 82 AVENUE
STE 302
DORAL, FL 33166 US

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: 02/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

DPT ( ) Delete Title: DPT (X) Change ( ) Addition

 Name:
 ESCOBEDO, CARLOS
 Name:
 ESCOBEDO, CARLOS

 Address:
 162 NW 108 ST.
 Address:
 1626 SW MACKENCEA ST

 City-St-Zip:
 MIAMI SHORES, FL 33168
 City-St-Zip:
 PORT ST. LUCIE, FL 34953

Title: DVS () Delete Title: DVS (X) Change () Addition Name: CALMO, GLADIS Name: CALMO, GLADIS

 Name:
 CALMO, GLADIS
 Name:
 CALMO, GLADIS

 Address:
 162 NW 108ST
 Address:
 1626 SW MACKENCEA ST

 City-St-Zip:
 MIAMI SHORES, FL 33168
 City-St-Zip:
 PORT ST. LUCIE, FL 34953

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: CARLOS ESCOBEDO DPT 02/23/2009