FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 14, 2001 8:00 am³ Secretary of State DOCUMENT # **P97000077250** 05-14-2001 90272 031 ***158.75 C & G SALES, INC. Principal Place of Business Mailing Address 13796 77TH PLACE NORTH 13796 77TH PLACE NORTH PALM BEACH GARDENS FL 33412 C0065322 PALM BEACH GARDENS FL 33412 2. Principal Place of Business 3. Mailing Address BERNARDO GIRALDO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. BOX. 50059 City & State Applied For 4. FEI Number 65-0779529 Not Applicable Zip Country BROADWARD Country \$8.75 Additional 3359 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERNARDO Cirald o AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 8. The above named entity subprity this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Bernardo Girai SIGNATURE ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RESIDENTIVIT CR2E034 (10/00) SVD TITLE TITLE Delete ERNARD GIRALD GIRALDO, MARIA V STREET ADDRESS STREET ADDRESS 13796 77TH PL N PALM BEACH GARDENS, FL. 33412 CITY-ST-ZIP CITY-ST-ZIP P B G FL 33412 TITLE SVD Delete TITI F NAME GIRALDO, FREDY NAME STREET ADDRESS STREET ADDRESS 13796 77TH PLACE NORTH CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33412 ☐ Delete TITLE ☐ Change TITLE ☐ 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-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BERNARDO GINALDO