

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P97000094618

1. Entity Name
C.G. 431 PARTNERS, INC.



Principal Place of Business
**433 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US**

Mailing Address
**404 WASHINGTON AVE
MIAMI BEACH, FL 33139 US**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0801754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BY PARTNERS, INC
C/O CHINA GRILL
404 WASHINGTON AVENUE
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000669710
03/27/07-80079-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHODOROW, LINDA 19925 NE 39TH PL, P4-701 AVENTURA, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD POLSENBERG, JACK 4 GARTLEY DRIVE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FAGGEN, NEIL 1248 GULF CREEK DR RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JACK POLSENBERG, vice President

2-20-07 (305) 957-0800