

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000013875

1. Entity Name
C.P.G. TRADING CORPORATION



Principal Place of Business

4777 W FLAGLER ST
MIAMI, FL 33134

Mailing Address

4777 W FLAGLER ST
MIAMI, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MAYDELIN ALONSO, MARIA
10975 SW 36 ST.
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALONSO, MARIA MAYDELIN
STREET ADDRESS 10975 S.W. 36 ST
CITY-ST-ZIP MIAMI, FL 331665

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: X Maria Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-06 (786) 488-1016

Date

Daytime Phone #

FILED

06 OCT 23 AM 11:28

CLERK OF STATE
TALLAHASSEE, FLORIDA



10132006 REIN-P CR2E098 (11/05) 06

4. FEI Number
65-0888923

Applied For
Not Applicable

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