


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000045124
1. Entity Name
C&G FLORIDA SYSTEMS CORP.



| | |
|--|--|
| Principal Place of Business 3045 NW 82 AVE MIAMI, FL 33166 | Mailing Address 3045 NW 82 AVE MIAMI, FL 33166 |
|--|--|

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------|
| 4. FEI Number 65-0837183 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fees Required |

6. Name and Address of Current Registered Agent

AMIN, HECTOR G
10920 NORTHWEST 58TH TERRACE
MIAMI, FL 33178

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000332533
01/24/06-80085-014 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD AMIN, HECTOR G 10920 NORTHWEST 58TH TERRACE MIAMI, FL 33178 |
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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:  **H. Amin Pres** 1-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #