

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17091

FILED
Jan 03, 2005
Secretary of State

Entity Name: C. G. B. M. T. ENTERPRISES, INC.

Current Principal Place of Business:

145 KNOBBY VIEW DRIVE
HIGHLAND, MI 48357

New Principal Place of Business:

Current Mailing Address:

145 KNOBBY VIEW DRIVE
HIGHLAND, MI 48357

New Mailing Address:

FEI Number: 65-0221932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAVAGLIA, CHARLES
4550 18TH AVENUE N.W.
APT. 207
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARAVAGLIA, MARY ANN
Address: 145 KNOBBY VIEW DRIVE
City-St-Zip: HIGHLAND, MI 48357

Title: VP () Delete
Name: GARAVAGLIA, CHARLES LEWIS
Address: 148 KNOBBY VIEW DRIVE
City-St-Zip: HIGHLAND, MI 48357

Title: V () Delete
Name: GARAVAGLIA, CHARLES L
Address: 4550 18TH AVE NW #2-207
City-St-Zip: POMPANO BEACH, FL

Title: V () Delete
Name: GARAVAGLIA, CHARLES J
Address: 25419 LIBERTY LANE
City-St-Zip: FARMINGTON, MI 48335

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES L. GARAVAGLIA

VP

01/03/2005

Electronic Signature of Signing Officer or Director

_____ Date