

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90070 017 \*\*\*150.00

<b>DOCUMENT # H94526</b> 1. Entity Name CITRUS INVESTMENT, CORP.			
Principal Place of Business 1380 MIAMI GARDENS DRIVE 220 N.M.B., FL 33179		Mailing Address 1835 MIAMI GARDENS DRIVE 144 N.M.B., FL 33179	
2. Principal Place of Business 1380 miami Gardens Drive Suite, Apt. #, etc. # 130		3. Mailing Address Suite, Apt. #, etc.  City & State NMB FLA Zip 33179 Country Dade	
4. FEI Number 59-2679153		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FRAYND, PAUL 1380 MIAMI GARDENS DRIVE, SUITE <del>220</del> 130 MIAMI, FL 33179		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:  DATE: 4/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME FRAYND, MARCOS STREET ADDRESS 1380 MIAMI GARDENS DRIVE #220 CITY-ST-ZIP N.M.B., FL 33179	<input type="checkbox"/> Delete	TITLE PD NAME FRAYND, MARCOS STREET ADDRESS 1380 miami Gardens Drive #130 CITY-ST-ZIP NMB FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME FRAYND, PAUL STREET ADDRESS 1380 MIAMI GARDENS DRIVE #220 CITY-ST-ZIP N.M.B., FL 33179	<input type="checkbox"/> Delete	TITLE V NAME FRAYND, PAUL STREET ADDRESS 1380 miami Gardens Drive #130 CITY-ST-ZIP NMB FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME FRAYND, FANNY STREET ADDRESS 1380 MIAMI GARDENS DRIVE #220 CITY-ST-ZIP N.M.B., FL 33179	<input type="checkbox"/> Delete	TITLE VP NAME FRAYND, Fanny STREET ADDRESS 1380 miami Gardens Drive #130 CITY-ST-ZIP NMB FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		4/6/05 305-3547519 Date Daytime Phone #	