

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098413

FILED
May 01, 2007
Secretary of State

Entity Name: CITY INT'L REAL ESTATE GROUP, INC.

Current Principal Place of Business:

3033 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

3033 CORAL WAY
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-0213928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOFF, JAY B
9700 S DIXIE HWY
STE 1500
MIAMI, FL 33156 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SOTORRIO, CLARA
Address: 3033 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: VSD () Delete
Name: ARRIAGA DE LA CRUZ, GLORIOSA
Address: 3033 CORAL WAY
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: CLARA SOTORRIO

PTD

05/01/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date