

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90457 006 ***150.00

DOCUMENT # F01000001350

1. Entity Name

CITIZENS ASSOCIATES, INC.



Principal Place of Business

1000 BRICKELL AVE.
SUITE 910
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVE.
SUITE 910
MIAMI FL 33131



2. Principal Place of Business

800 BRICKELL AVE.

3. Mailing Address

800 BRICKELL AVE.

Suite, Apt. #, etc.

1111

Suite, Apt. #, etc.

1111

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

13-3150082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOTTENSTEIN, JEFFREY
800 BRICKELL AVE
STE 1111
MIAMI FL 33131

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SCHOTTENSTEIN, JEFFREY
STREET ADDRESS 1000 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33131

TITLE V ☐ Delete
NAME GREENFIELD, MARVIN
STREET ADDRESS 477 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022

TITLE S ☐ Delete
NAME NICK, NORMAN
STREET ADDRESS 477 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME JEFF SCHOTTENSTEIN
STREET ADDRESS 800 BRICKELL AVE, SUITE 1111
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/06

3053712804