## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # F01000001350 1. Entity Name CITIZENS ASSOCIATES, INC. Principal Place of Business Mailing Address **800 BRICKELL AVE** 800 BRICKELL AVE MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 13-3150082 Not Applicable $Z_{ip}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHOTTENSTEIN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE STE 1111 **MIAMI FL 33131** City 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 Synotece, typed or printed name of rigid strond operations the Except cacle. INOTE: Registered Agent eigenturic required when reinstitling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE ☐ Delete TITLE Addition NAME SCHOTTENSTEIN, JEFFREY 000000927773 STREET ADDRESS 800 BRICKELL AVE STE 1111 STREET ADORESS U5/21/U8-8UUU3-UU8 150.00 MIAMI FL 33131 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition GREENFIELD, MARVIN 477 MADISON AVE. STREET ADDRESS STREET ADDRESS CHY-SI-ZIP NEW YORK NY 10022 CITY-ST-ZIP MILE Delete TITLE ☐ Change Addition MAME NICK, NORMAN NAME STREET ADDRESS STREET ADDRESS 477 MADISON AVE. CITY-ST-ZIP NEW YORK NY 10022 DITY-ST-ZIP HILE ☐ Dalete TITLE Change Addition HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiele ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 supplier catalyreport is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver of 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 attachning with a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

768.36, 300 K

302-3371-3891