


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90697 046 \*\*\*150.00

<b>DOCUMENT # F04971</b> 1. Entity Name <b>CITTI COURIER, INC.</b>	
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Principal Place of Business <b>20340 NW 3RD ST</b> <b>HOLLYWOOD, FL 33029 US</b>	Mailing Address <b>20340 NW 3RD ST</b> <b>HOLLYWOOD, FL 33029 US</b> <b>P.O. BOX 526811</b> <b>MIAMI, FL 33152</b>
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04202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2059248</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GREENFIELD, MARK I</b> <b>20340 NW 3RD ST</b> <b>HOLLYWOOD, FL 33029</b>	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b> NAME <b>GREENFIELD, MARK</b> STREET ADDRESS <del>7347 NW 54 ST</del> <b>20340 NW 3RD ST.</b> CITY-ST-ZIP <del>MIAMI, FL 33166</del> <b>Pembroke Pines, FL 33029</b>	
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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.

<b>SIGNATURE:</b> 	4/24/04 Date	305-318-4716 Daytime Phone #
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