

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000004368

1. Entity Name
CITY HALL CORP.



Principal Place of Business
**19333 COLLINS AVENUE #708
SUNNY ISLES, FL 33160**

Mailing Address
**19333 COLLINS AVENUE #708
SUNNY ISLES, FL 33160**



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2184916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**AGHION, JACQUES
19333 COLLINS AVE #708
SUNNY ISLES, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
AGHION, JACQUES
19333 COLLINS AVE #708
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
COHEN, JACQUES A
PUNTA PAITILLA ED TORRE DEL MAR
CALLE HELIODORO PANAMA, APT4A**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
AGHION, REBECA
19333 COLLINS AVE #708
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4000000023012
02/02/04-90009-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

JACQUES AGHION

Date

JAN 27 / 04 305-5024402

Daytime Phone #