
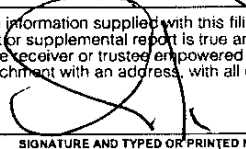


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90015 049 \*\*\*150.00

<b>DOCUMENT # H94526</b> 1. Entity Name <b>CITRUS INVESTMENT, CORP.</b>					
Principal Place of Business <b>1380 MIAMI GARDENS DRIVE #240 N.M.B., FL 33179 US</b>			Mailing Address <b>1835 MIAMI GARDENS DRIVE 144 N.M.B., FL 33179 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1400 NE Miami Gardens Dr</b>		3. Mailing Address <b>1835 NE Miami Gardens Dr</b>			
Suite, Apt. #, etc. <b>SUITE 206E</b>		Suite, Apt. #, etc. <b># 144</b>			
City & State <b>North Miami Beach, FL</b>		City & State <b>North Miami Beach, FL</b>			
Zip <b>33179</b>		Country <b>USA</b>		4. FEI Number <b>59-2679153</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FRAYND, PAUL 1380 MIAMI GARDENS DRIVE, SUITE 240 MIAMI, FL 33179</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FRAYND, MARCOS</b> <b>1380 MIAMI GARDENS DRIVE #130</b> <b>MIAMI, FL 33179</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>FRAYND, PAUL</b> <b>1380 MIAMI GARDENS DR #130</b> <b>MIAMI, FL 33179</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FRAYND, FANNY</b> <b>1380 MIAMI GARDENS DRIVE #220</b> <b>N.M.B., FL 33179</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D <b>FRAYND, MARCOS</b> <b>1400 NE MIAMI GARDENS DR SUITE 206-E</b> <b>North Miami Beach, FL, 33179</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>FRAYND, Paul</b> <b>1400 NE Miami Gardens Dr suite 206-E</b> <b>North Miami Beach, FL, 33179</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FRAYND, Fanny</b> <b>1400 NE Miami Gardens Dr suite 206-E</b> <b>North Miami Beach, FL, 33179</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>  <b>Marcos Fraynd</b> <b>01-09-07</b> <b>305-3547519</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					