


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # K11446 1. Entity Name CITROP, INC.	
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Principal Place of Business 5707 W SLIGH AVE TAMPA, FL 33634 US	Mailing Address 5707 W SLIGH AVE TAMPA, FL 33634 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2861855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FIGUEREDO, JORGE S.
 3918 DORAL DRIVE
 TAMPA, FL 33634

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000710020 04/25/07-80027-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	DV
NAME	FIGUEREDO, LYDA M
STREET ADDRESS	3918 DORAL DR
CITY-ST-ZIP	TAMPA, FL
TITLE	DPTS
NAME	FIGUEREDO, JORGE S.
STREET ADDRESS	3918 DORAL DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE:  **4/13/07** **813-249-5955**
SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #