2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State **DOCUMENT # K11446** 1. Entity Name CITROP, INC. Principal Place of Business Mailing Address 5707 W SLIGH AVE 5707 W SLIGH AVE TAMPA, FL 33634 US TAMPA, FL 33634 US 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2861855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIGUEREDO, JORGE S. DO NOT WRITE 3918 DORAL DRIVE **TAMPA, FL 33634** 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 000000908896 05/06/08-80048-011 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DV NAME FIGUEREDO, LYDA M STREET ADDRESS 3918 DORAL DR CITY-ST-ZIP TAMPA, FL **DPTS** MILE FIGUEREDO, JORGE S. NAME 3918 DORAL DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 reports 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. The life empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP