


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90012 028 ***150.00

DOCUMENT # M11305			
1. Entity Name CITILAND INVESTMENT CORPORATION			
Principal Place of Business 9415 SUNSET DR SUITE 111A MIAMI, FL 33173 US		Mailing Address 1121 ANDORA AVE CORAL GABLES, FL 33146-3214 US	
2. Principal Place of Business 3663 S.W. 8th Street		3. Mailing Address	
Suite, Apt. #, etc. Suite 204-B		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33135	Country US	Zip	Country
4. FEI Number 59-2512996		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ-AGUIAR, HENRY A, ATTORNEY AT LAW 9415 SUNSET DR SUITE 111A MIAMI, FL 33173		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE XXX <input type="checkbox"/> Delete NAME VAZQUEZ, OLGA V. STREET ADDRESS 1121 ANDORA AVE. CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE <input type="checkbox"/> Delete NAME VAZQUEZ, OLGA V. STREET ADDRESS 1121 ANDORA AVE. CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME S/V/D VAZQUEZ, OLGA V. STREET ADDRESS 1121 Andora Ave. CITY-ST-ZIP Coral Gables, Fl 33146-3214	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VAZQUEZ, OLGA V. STREET ADDRESS 1121 Andora Ave. CITY-ST-ZIP Coral Gables, Fl 33146-3214
TITLE XXX <input type="checkbox"/> Delete NAME VAZQUEZ, GEORGE A. STREET ADDRESS 1121 ANDORA AVE. CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE <input type="checkbox"/> Delete NAME VAZQUEZ, GEORGE A. STREET ADDRESS 1121 ANDORA AVE. CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P/T/D VAZQUEZ, GEORGE A. STREET ADDRESS 1121 Andora Ave. CITY-ST-ZIP Coral Gables, Fl 33146-3214	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME VAZQUEZ, GEORGE A. STREET ADDRESS 1121 Andora Ave. CITY-ST-ZIP Coral Gables, Fl 33146-3214
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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: <i>George A. Vazquez</i>		George A. Vazquez	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President	
		02/16/2006 (305) 467-3410	
		Date Daytime Phone #	