2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 11, 2008 08:00 AN Secretary of State DOCUMENT # M11305 CITILAND INVESTMENT CORPORATION Principal Place of Business Mailing Address 3663 SW 8TH ST STE 204-B 1121 ANDORA AVE MIAMI, FL 33173 US CORAL GABLES, FL 33146-3214 US 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2512996 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ-AGUIAR, HENRY A, ATTORNEY AT LAW DO NOT WRITE 9415 SUNSET DR SUITE 111A IN THIS SPACE MIAMI, FL 33173 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SVD TITLE VAZQUEZ, OLGA V. NAME STREET ADDRESS 1121 ANDORA AVE. CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE 000000822280 NAME VAZQUEZ, GEORGE A. STREET ADDRESS 1121 ANDORA AVE. .02/19/08-80061-013 iso.on CITY-ST-ZIP CORAL GABLES, FL 33146 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 filling 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 reserver or distance 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 attagrament with an address, with all other like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP

2/07/08

(305) 467-3410

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