


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 A
Secretary of State

DOCUMENT # M27137 1. Entity Name CIVIC FINANCIAL CORP.	
--	---

Principal Place of Business 17021 NORTH BAY ROAD APT 524 SUNNY ISLES BEACH, FL 33160 US	Mailing Address 17021 NORTH BAY ROAD APT 524 SUNNY ISLES BEACH, FL 33160 US
--	--



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2635554	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
 ARRIOLA, LUIS
 17021 NORTH BAY ROAD
 APT 524
 SUNNY ISLES BEACH, FL 33160

DO NOT WRITE 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 re-issuing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ARRIOLA, LUIS 17021 NORTH BAY ROAD APT 524 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ARRIOLA, MARTA 17021 NORTH BAY ROAD, APT 524 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

000000825573
 02/21/08-80015-004 150.00

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, such as attorney like empowered.

SIGNATURE: LUIS ARRIOLA 2/8/08 (305) 948-7864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE