

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M27137

FILED
Feb 26, 2009
Secretary of State

Entity Name: CIVIC FINANCIAL CORP.

Current Principal Place of Business:

17021 NORTH BAY ROAD
APT 524
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

17021 NORTH BAY ROAD
APT 524
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 59-2635554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRIOLA, LUIS
17021 NORTH BAY ROAD
APT 524
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARRIOLA, LUIS
Address: 17021 NORTH BAY ROAD, APT 524
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: ST () Delete
Name: ARRIOLA, MARTA
Address: 17021 NORTH BAY ROAD, APT 524
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS ARRIOLA

PRES

02/26/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date