## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P00000035420  1. Entity Name CITYBAGS, INC.						04-29-2004 90298 017 ***150.00				
Principal Place	Mailing Address	ailing Address								
5631 N.W. 74TH AVENUE		1890 SW 57 AVENUE				The factor of the law				
MIAMI, FL 33166		#118 * MIAMI EL 22155	#118 MIAMI, FL 33155							
WILVINI, IL 33133						anı dəlir bəyii əəlir bəyi		MANA KAN ANI	<b>[]</b> ]	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222004	Chg-P	CR2E034	(10/03)			
City & State		City & State			4. FEI Number 65-1004				plied For t Applicable	
Zip	Country	Zip	Zip Coun		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Age	ent		
				Name						
SANCHELIMA, JESUS 235 SW.LE JUNE ROAD MIAMI, FL 33134				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33134										
30				City			FL	Zip Code	<del>-</del>	
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										
олучання, прос о милке папла оптедмене овреща по насти пруплавие. — (поль подроже с) Адан, здушим гедина мнан наподрожно мнан на подрожно мнан на подрожнители на										
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11	
TITLE	PD	☐ Delete	TITL	.E				Change	☐ Addition	
NAME	· · · · · · · · · · · · · · · · · · ·		NAM	- 1						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP						
TITLE			TITL					Change	☐ Addition	
NAME	FERNANDEZ, ROBERTO J 0	□ Déléta	NAM				L	_ Change	Modition	
STREET ADDRESS	5631 N.W. 74TH AVENUE		STR	EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33166	,	CIT	Y-ST-ZIP						
TITLE		☐ Delete	TIT	1				Change	Addition	
NAME STREET ADDRESS -			NA)					نت <u>ــــــــــــــــــــــــــــــــــــ</u>	<u> </u>	
CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ Delete	TITI					Change	Addition	
NAME		D0000	NA	1			-	g-	٠	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ Delete	TITI NA				ָ	] Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ Delete	TIT	LE				Change	☐ Addition	
NAME			NAI							
STREET ADDRESS			1	REET ADDRESS						
CITY-ST-ZIP	W. N. 440 x 3.45 x 3.5 x	F 10 12 19 11 11 11 11 11 11 11 11 11 11 11 11		Y-ST-ZIP	A // //A					
indicated	certify that the information supplied wit fon this report or supplemental report i	ri this filing does not qualify f s true and accurate and thai	or the ex I my sign:	emption stated ir ature shall have t	n Section, 119.07(3)(i the same legal effect	), riorida Statutes. · as if made under	i further certify oath; that I am	rinat the i an officer	niormation or director	

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: WHO TO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26-04 3

15)26-2428