
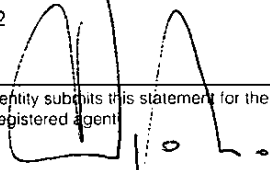
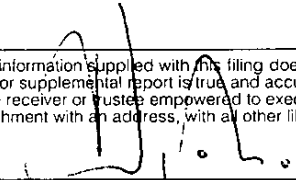


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90044 010 \*\*\*150.00

<b>DOCUMENT # P00000063784</b> 1. Entity Name CITY & ENVIRONS GROUP, INC.			
Principal Place of Business 9460 FONTAINBLEAU BLVD # 125 MIAMI, FL 33172		Mailing Address 9460 FONTAINBLEAU BLVD # 125 MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # 6743 NW 107 PL.		3. Mailing Address 6743 NW 107 PL.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL, FL.		City & State DORAL, FL	
Zip 33178		Zip 33178	
Country USA		Country U.S.A.	
4. FEI Number 65-1021977		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MORENO, OSCAR 9460 FONTAINBLEAU BLVD. # 125 MIAMI, FL 33172		7. Name and Address of New Registered Agent  Name: MORENO, OSCAR Street Address (P.O. Box Number is Not Acceptable): 6743 NW 107 PL. City: DORAL FL Zip Code: 33178	
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 reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, OSCAR J 9460 FONTAINBLEAU BLVD, #125 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, OSCAR J. 6743 NW 107 PL. DORAL, FL 33178
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			