

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90162 024 \*\*\*158.75

DOCUMENT # P01000068497

1. Entity Name

CITY BROKERS OF THE SUNSHINE STATE, INC.



Principal Place of Business

1100 S LAKE DR #9  
SUITE #9  
LANTANA FL 33462

Mailing Address

1100 S LAKE DR #9  
SUITE #9  
LANTANA FL 33462

2. Principal Place of Business

4511 So. Ocean Blvd. #  
Suite, Apt. #, etc. Apt. #301

3. Mailing Address

4511 So. Ocean Blvd  
Suite, Apt. #, etc. #301



1st MOORE

CR2E034 (10/04)

City & State

Highland Bch. Fla.

City & State

Highland Bch. Fla.

Zip 33487

Country USA

Zip 33487

Country USA

4. FEI Number

65-1089662

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTENSEN, MICHAEL V  
1100 S LAKE DR #9  
SUITE #9  
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Michael V. Mortensen

Street Address (P.O. Box Number is Not Acceptable)

4511 So. Ocean Blvd. #301

City

Highland Beach

FL

Zip Code

33487

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

*Michael V. Mortensen*

3/4/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
MORTENSEN, MICHAEL V  
1100 S LAKE DR #9  
LANTANA FL 33462  
4511 So. Ocean Blvd. #301  
Highland Bch. Fla. 33487

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

*Michael V. Mortensen*

Michael V. Mortensen 3/4/05

X134  
561-395-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #