


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000019528</b>	
1. Entity Name <b>CITY BOY CORP.</b>	

**FILED**

04 OCT 25 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>7215 NW 179TH STREET #107 HIALEAH, FL 33015</b>	Mailing Address <b>7215 NW 179TH STREET #107 HIALEAH, FL 33015</b>
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2. Principal Place of Business <b>15655 SW 54 Ct</b>	3. Mailing Address <b>15655 SW 54 Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10152004 REIN-P CR2E098 (6/04)

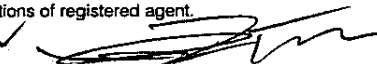
City & State <b>Miramar, Florida</b>	City & State <b>Miramar, Florida</b>
Zip <b>33027</b>	Country <b>Broward</b>

4. FEI Number <b>01-0610558</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BRAVO, ADA F 3600 SOUTH STATE ROAD 7 SUITE 220 MIRAMAR, FL 33023</b>	
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7. Name and Address of New Registered Agent	
Name <b>Tan, Xian Zhan</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>15655 SW 54 Court</b>	
City <b>Miramar</b>	FL Zip Code <b>33027</b>

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 	DATE <b>10/14/04</b>

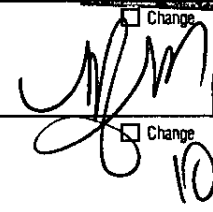
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAN, XIAN ZHAN 7215 NW 179TH STREET #107 HIALEAH, FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200042155602</b> <b>10/25/04--01058--010 **150.00</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**

**04**



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: 	DATE <b>10/14/04</b> DAYTIME PHONE # <b>786-223-8866</b>