

03-05-2003 90035 033 ***150.00

CORPORATION ANNUAL REPORT 1994



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

3/1

1. Corporation Name: **CITIZENS CLAIMS CONSULTANTS, INC.** DOCUMENT # **PO 200009279**

33050341

Mailing Address: **6852 NW 77 CT MIAMI FL 33166**
 Principal Place of Business: **6852 NW 77 CT MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **8-25-02** 3a. Date of Last Report: **8-25-02**

4. Number: **37-144049** Applied For: **Not Applicable**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required** 6. Election Campaign Financing Trust Fund Contribution:

7. Nonprofit Exempt from \$138.75 Supplemental Fee: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ENRIQUE DE HOYA 6852 NW 77 COURT MIAMI FL 33166**

10. Name and Address of New Registered Agent:

81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agents or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS

1.1 TITLE: **PRESIDENT**
 1.2 NAME: **ENRIQUE DE HOYA**
 1.3 STREET ADDRESS: **6852 SW 77 CT MIAMI FL 33166**
 1.4 CITY-ST-ZIP: **MIAMI FL 33166**

2.1 TITLE: _____
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY-ST-ZIP: _____

3.1 TITLE: _____
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY-ST-ZIP: _____

4.1 TITLE: _____
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-ST-ZIP: _____

5.1 TITLE: _____
 5.2 NAME: _____
 5.3 STREET ADDRESS: _____
 5.4 CITY-ST-ZIP: _____

6.1 TITLE: _____
 6.2 NAME: _____
 6.3 STREET ADDRESS: _____
 6.4 CITY-ST-ZIP: _____

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: _____
 1.2 NAME: _____
 1.3 STREET ADDRESS: _____
 1.4 CITY-ST-ZIP: _____

2.1 TITLE: _____
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY-ST-ZIP: _____

3.1 TITLE: _____
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY-ST-ZIP: _____

4.1 TITLE: _____
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-ST-ZIP: _____

5.1 TITLE: _____
 5.2 NAME: _____
 5.3 STREET ADDRESS: _____
 5.4 CITY-ST-ZIP: _____

6.1 TITLE: _____
 6.2 NAME: _____
 6.3 STREET ADDRESS: _____
 6.4 CITY-ST-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 117, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* ENRIQUE DE HOYA
 DATE: **5/2/03** 473-9296

Attachment 55086547

1/22/03 CORPORATE DETAIL RECORD SCREEN 4:40 PM
 NUM: P02000092593 ST:FL ACTIVE/FL PROFIT FLD: 08/26/2002
 NAME : CITIZENS CLAIMS CONSULTANTS, INC.
 PRINCIPAL: 6852 NW 77 ST
 ADDRESS MIAMI, FL 33166
 RA NAME : BUSINESS FILINGS INCORPORATED
 RA ADDR : 1000 W AVE, STE 1114
 MIAMI BEACH, FL 33139 US
 ANN REP : * NONE FILED *

1/22/03 OFFICER/DIRECTOR DETAIL SCREEN 4:40 PM
 CORP NUMBER: P02000092593 CORP NAME: CITIZENS CLAIMS CONSULTANTS, INC.
 TITLE: D NAME: DE MOYA, ENRIQUE
 6852 NW 77 ST
 MIAMI, FL 33166

\$ 150⁰²
 P Dept of State
 P02000092593

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----