


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

08-29-2008 90001 038 \*\*\*185.00

<b>DOCUMENT # P03000007396</b>	
1. Entity Name CITY CENTER DEVELOPMENT CORP.	

Principal Place of Business 701 N.E. 31ST STREET MIAMI FL 33137	Mailing Address 450 NE 92 ST MIAMI FL 33137
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2. Principal Place of Business - No P.O. Box # 3301 N.E. 1st Avenue Suite, Apt. #, etc. M 502 City & State MIAMI FL Zip 33137 Country U.S.	3. Mailing Address 3301 N.E. 1st Avenue Suite, Apt. #, etc. M 502 City & State MIAMI FL Zip 33137 Country U.S.
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2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET SUITE 2900 MIAMI FL 33131	
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7. Name and Address of New Registered Agent Name Goldstein Tanen & Trench, PA Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Blvd. # 3700 MIAMI FL 33131 City Jeffrey S. Tanen Esq FL Zip Code	
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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 by typed printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

8/27/08  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 3, 2008**  
**Make Check Payable to Florida Department of State**

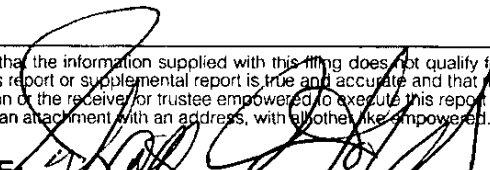
S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	<input type="checkbox"/> Delete P GOLD, MICHAEL M 450 NE 92 ST MIAMI FL 33137
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
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
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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

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 authority, like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(786)  
8/27/08 395-1265  
Date Day-mo Phone #