2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # P03000014781** 04-21-2005 90223 026 ***150.00 1. Entity Name CITI INVESTMENT GROUP INC. Principal Place of Business Mailing Address 7360 NW 78 ST 7360 NW 78 ST MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 2830 NW. 3. Mailing Address 2830 ん Suite, Apt. #, etc Suite, Apt. #, etc 03232005 CR2E034 (10/03) Chg-P City & State Applied For 4. FEI Number FloriBA IAM 1 1AMI 54-2107193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 31 n Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLENA NILO E JR. ss (P.O. Box Number is Not Ar 30 んw. フ 7360 NW 78 ST MIAMI, FL 33166 1 AMI 8. The above named entity submits this ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far the obligations of registered ag SIGNATURE nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE PRESIDENT Change ☐ Addition VILLENA, NILO E.JR. JOSE A. RE90 NAME NAME 7360 NW 78 ST STREET ADDRESS STREET ADDRESS 2830 NW. CITY-ST-ZIP MIAMI, FL-33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ___ ☐ Addition HAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:**

SIGNATURE AND THE DOR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED