2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 21, 2005 8:00 am **Secretary of State** DOCUMENT # P03000025090 02-21-2005 90062 042 ***150.00 CITY INVESTMENT GROUP, INC. Mailing Address Principal Place of Business 3663 S.W. 8TH STREET 3663 S.W. 8TH STREET 204-B 204-B MIAMI, FL 33135 MIAMI, FL 33135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 45-0504130 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ, GEORGE A VAZQUEZ-GEORGE A ---Street Address (P.O. Box Number is Not Acceptable) 341 MADEIRA AVE. #3 1121 Andora Ave. CORAL GABLES, FL 33134 Coral Gables Zip Code 33146 City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. XX Change Addition ☐ Delete TITLE TITLE VAZQUEZ, GEORGE A NAME NAME 3663 S.W. 8th Street - Suite 204-B 341_MADEIRA_AVE, #3 STREET ADDRESS STREET ADDRESS Miami, F1 33135 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 Addition **VSTD** Delete TITLE ☐ Change TITLE NAME ANLLO, CARLOS NAME 3350 S.W. 129 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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

- GEORGE A. UBZQUEL

FILED