## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Aug 04, 2008 8:00 am Secretary of State 08-04-2008 90034 031 \*\*\*150.00 DOCUMENT # P03000042927 1. Entity Name CITIZEN USA INC. Mailing Address 60046258 Principal Place of Business 1331 BRICKELL BAY DR. 1331 BRICKELL BAY DR. #809 #809 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 23 TU ANCH CASSK DR 2350 ANCH (NESKON Suite, Apt. #, etc. CR2E034 (12/06) 07242008 Chg-P Applied For City & State 4. FEI Number City & State N. MIA N. MIAMI 54-2105966 Not Applicable \$8.75 Additional 33181 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYCKO, SUSAN M Street Address (P.O. Box Number is Not Acceptable) 1331 BRICKELL BAY DR. #809 MIAMI, FL 33131 Zip Code / 8/ N. MIAMI 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. SUSAN M. MYCKO SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE MYCKO, SUSAN M NAME 2350 ANCH CREAK ON. 1331 BRICKELL BAY DR. STREET ADDRESS STREET ADDRESS N. MIAMI, FL 33/8/ CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NEWMAN, KENNETH B NAME 2350 ANCH CREEK ON 1331 BRICKELL BAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 NA MIAMI, FZ 3318/ ☐ Delete TITLE ☐ Change Addition NAME 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 Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on 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 alignmental true empowered.

SUSAN M. MYCKO

FILED