2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000157351

1. Entity Name
CITY CAPITAL REAL ESTATE CENTER, INC.

Principal Place of Business	Mailing Address
8161 SW 40 ST MIAMI, FL 33155	8161 SW 40 ST MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

04282005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
		X Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

---

6. Name and Address of Current Registered Agent

RIZO, EMILIO JR
11825 SW 46 ST
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

---

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

---

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	RIZO, EMILIO JR
STREET ADDRESS	11825 SW 46 ST
CITY-ST-ZIP	MIAMI, FL 33175

TITLE	D
NAME	SANTOS, ISABEL P
STREET ADDRESS	623 SW 11ST #17
CITY-ST-ZIP	MIAMI, FL 33129

U00000352255
05/03/05-80020-005 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

---

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: _Emilio Rizo Jr_ Emilio Rizo Jr   04-28-05   (305) 265-9663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #