2007 FOR PROFIT CORPORATION

ANNUAL REPORT



04-25-2007 90195 007 ***150.00 DOCUMENT # P04000072006 1. Entity Name CITY GROUP INVESTMENTS, INC. 4000-Principal Place of Business Mailing Address 10700 NORTH KENDALL DRIVE 10700 NORTH KENDALL DRIVE SUITE 301 SUITE 301 MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 43-2065059 Not Applicable Zip 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 Name JORGE LUIS LOPEZ-GARCIA, PA Street Address (P.O. Box Number is Not Acceptable) 1570 MADRUGA AVE STE 211 CORAL GABLES, FL 33146 City Zip Code FL 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HILE ☐ Change TITLE ☐ Delete Addition CALZADO, SERGIO E JR NAME HAME .10700 S.W. 88TH STREET, SUITE 301 STREET ADDRESS STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP CITY - ST-ZIP Delete HILL Change Addition THEE PASTOR, VICTOR NAME NAME 10700 S.W. 88TH STREET, SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-ZIP Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-S1-ZIP

12. Thereby 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 his 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 31 or Block empowered. Encict. Che As., In Pack 10 ont o

SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305386-8688 6) Daytime Phone #

Apr 25, 2007 8:00 am Secretary of State