## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 8:00 am Secretary of State

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4022007   Chg-P   CR2E034 (12/06)	04-26-2007 90216 040 ***150.00		DOCUMENT # P04000108256  1. Entity Name CITYONE MORTGAGE BANKERS - INTERNATIONAL GROUP, INC.				
STOP BLUE LACOON DR. SUITE 150   MIAMI, FL. 33126   US	<b>-</b>	A4-iii Adda			and Distance	Dringles   Diag	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4022007   Chg-P   CR2E034 (12/06)		150	3101 BLUE LAGOON DR. SUITE	E 150	E LAGOON DR.	6101 BLUE	
City & State  Country			Mailing Address	No P.O. Box # 3.	Principal Place of Business - No P.O. Box #		
Zip   Country   Zip   Country   S. Conflicate of Status Desired   \$8.75 Add Fee Required   \$8.	04022007 Chg-P CR2E034 (12/06)	Suite, Apt. #, etc.			Suite, Apt. #, etc.		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered  8. The Address (P.O. Box Number is Not Acceptable)  8. Election Campagen Financing  9. Election Campagen Financing  10.		City & State			City & State		
Name   PABLO	\$9.75 Additional	Zip Country		untry		Zip	
Street Address P. O. Box Number is Not Acceptable)  Stroet Address (P.O. Box Number is Not Acceptable)  Stroet Address (P.	7. Name and Address of New Registered Agent				6. Name		
SUITE 209 MIAMI, FL 33172  6. The above named entity and risk statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of register (1994) and the obligations	BLO CEVALLOS						
8. The above named entitive unity and the purpose of changing its registered office or registered agent, or both, in the State of Florida. J am familiar with, the obligations of registered agent and take applicable.    Signature	F.C. Box Number is Not Acceptable)	Stieet Address (i					
B. The above named entity's large this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent and title Papilicative  Signature  Signatur		6101 B					
SIGNATURE    Signature   Signa	(M) FL 33/26						
SIGNATURE    Signature   Sequence	8. The above named entity submits his 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 doesn.						
PILE NOW!! FEE IS \$150.00   P. Election Campaign Financing Trust Fund Contribution.   St. 200 May Be Added to Fees   Added t	11 0 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee; will be \$550.00  Trust Fund Contribution.  10.	d when reinstalling)  DATE	d Acent signature requirer	it applicable (NOTE Registerer	harve of registered agent and title		SIGNATURE.	
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    TITLE   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    TITLE   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    TITLE   NAME   CEVALLOS, PABLO   STREET ADDRESS    TITLE   ORDONEZ DE CEVALLOS, NORMA   STREET ADDRESS    TITLE   ORDONEZ DE CEVALLOS, NORMA   STREET ADDRESS    TITLE   ORDONEZ DE CEVALLOS, NORMA    STREET ADDRESS   1414 NW 107TH AVE, SUITE 209   MIAMI, FL 33172    TITLE   ORDONEZ DE CEVALLOS, NORMA    STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS    CITY-ST-ZIP   ORDONEZ DE CEVALLOS, NORMA    STREET ADDRESS   CITY-ST-ZIP    TITLE   ORDONEZ DE CEVALLOS, NORMA    STREET ADDRESS    CITY-ST-ZIP    TITLE   ORDONE			<u> </u>		<del></del>		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the in indicated on this report or supplemental people is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or tryster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with a faddless, with all other like empowered.							