


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90216 040 \*\*\*150.00

<b>DOCUMENT # P04000108256</b>	
1. Entity Name <b>CITYONE MORTGAGE BANKERS - INTERNATIONAL GROUP, INC.</b>	

Principal Place of Business <b>6101 BLUE LAGOON DR. SUITE 150 MIAMI, FL 33126 US</b>	Mailing Address <b>6101 BLUE LAGOON DR. SUITE 150 MIAMI, FL 33126 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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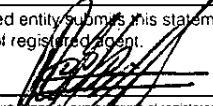
04022007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1409536</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CEVALLOS, PABLO 1414 NW 107TH AVE SUITE 209 MIAMI, FL 33172</b>	
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7. Name and Address of New Registered Agent Name <b>PABLO CEVALLOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6101 Blue Lagoon dr. suite 150</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>	
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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  DATE <b>4/19/2007</b> <small>Signature of principal or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CEVALLOS, PABLO 1414 NW 107TH AVE, SUITE 209 MIAMI, FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ORDONEZ DE CEVALLOS, NORMA 1414 NW 107TH AVE, SUITE 209 MIAMI, FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CEVALLOS, PABLO 6101 BLUE LAGOON DR. SUITE 150 MIAMI, FL 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ORDONEZ DE CEVALLOS, NORMA 6101 BLUE LAGOON DR. SUITE 150 MIAMI, FL 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 a address, with all other like empowered.	
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SIGNATURE: 	<b>4/19/2007</b>	Date	Daytime Phone #
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			