

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90008 011 ***150.00

DOCUMENT # P04000127236

1. Entity Name
CITLALI TECH CORP.



Principal Place of Business
**12950 SW 7TH CT 212A
PEMBROKE PINES, FL 33027**

Mailing Address
**12950 SW 7TH CT 212A
PEMBROKE PINES, FL 33027**

401211



07192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1660121

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUSSMAN, ROBERTO A
12950 SW 7TH CT 212A
PEMBROKE PINES, FL 33027**

**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 \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SUSSMAN, ROBERTO A
12950 SW 7TH CT 212A
PEMBROKE PINES, FL 33027**

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CITY-ST-ZIP

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IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: *Robert A. Sussman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-2007 9544369057
Date Daytime Phone #

ATTACHMENT

Leon Egozi & Assoc., P.A.

Certified Public Accountants

40127434

2999 Northeast 191st Street, Suite 240
Aventura, Florida 33180

Phone: (305) 937-2664
Fax: (305) 937-5019
legozi@egozicpa.com

July 13, 2007

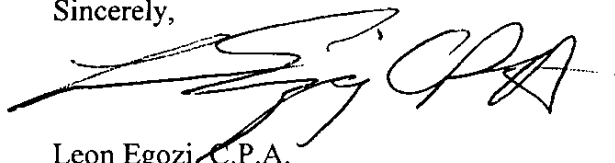
Florida Dept. of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

Re: Citlali Tech Corp., #P04000127236

Gentlemen:

The president of the company has been out of the country and just arrived to receive notice of intent to dissolve his company. The secretary who runs the business in his absence is elderly, uninformed and infirm. She is close to ninety years old. We respectfully request abatement of late charges. Enclosed is the payment of \$150 for their 2007 annual report.

Sincerely,



Leon Egozi, C.P.A.

LE/sbe

enc