


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90013 001 \*\*\*158.75

**DOCUMENT # P04000163497**  
 1. Entity Name  
**CITY NETWORKS, INC.**



Principal Place of Business  
**5401 SW 112 AVE SUITE B**  
**MIAMI, FL 33165**

Mailing Address  
**5401 SW 112 AVE SUITE B**  
**MIAMI, FL 33165**

**50064250**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

08232005 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**20-2172292**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

7. Name and Address of New Registered Agent  
 Name **City Networks**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5401 SW 112 AVE**  
**Suite B**  
 City **Miami** **FL** Zip Code **33145**

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 *J. Medina* (NOTE: Registered Agent signature required when reinstating) DATE 8/23/05

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MEDINA, JESSEI <input type="checkbox"/> Delete 5401 SW 112 AVE SUITE B MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, CARLOS <input type="checkbox"/> Delete 5401 SW 112 AVE SUITE B MIAMI, FL 33165
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	<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
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 exemption stated in Section 119.07(3)(j), 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: *J. Medina Jessei Medina* DATE 8/23/05 DAYTIME PHONE # 305-373-5523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #