


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90029 022 ***150.00

DOCUMENT # P05000041624	
1. Entity Name CITYSPECTRUM MORTGAGE CORP.	

Principal Place of Business 12900 SW 133 COURT MIAMI, FL 33186	Mailing Address 12900 SW 133 COURT MIAMI, FL 33186
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60045429

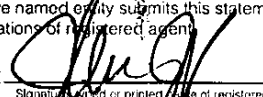


2. Principal Place of Business - No P.O. Box # 13200 SW 128 Street Suite, Apt. #, etc. # D-4 City & State Miami, Florida Zip 33186 Country Dade	3. Mailing Address 13200 SW 128 Street Suite, Apt. #, etc. # D-4 City & State Miami, FL 33186 Zip 33186 Country Dade
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07232008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ARPAJON, KARLA 12900 SW 133 COURT MIAMI, FL 33186	
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7. Name and Address of New Registered Agent Name Jose Arpaion Street Address (P.O. Box Number is Not Acceptable) 13200 SW 128 Street # D-4 City Miami FL Zip Code 33186	
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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  Jose Arpaion	DATE 7/22/08

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARPAJON, JOSE 12900 SW 133 COURT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Arpaion, Jose 13200 SW 128 St, # D-4 Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 an address, with all other like empowered.

SIGNATURE:

 Jose Arpaion
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #