


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P05000102155 1. Entity Name CITY VIEW FLATS, INC. |  |
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| Principal Place of Business 1311 S 17 AVE HOLLYWOOD, FL 33020 US | Mailing Address 1311 S 17 AVE HOLLYWOOD, FL 33020 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 06-1751950 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DACKO, PETER
1311 S 17TH AVE
HOLLYWOOD, FL 33020

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DACKO, PETER 1311 S 17 AVE HOLLYWOOD, FL 33020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PASTERNAK, LIZ 1311 S 17 AVE HOLLYWOOD, FL 33020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC DACKO, JOSIPHINA T. 1311 S 17 AVE HOLLYWOOD, FL 33020 |
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01/25/07-80052-010 150.00

**DO NOT WRITE
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/22/2007 Daytime Phone #: 954 9204310