

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105165

Entity Name: CITY FLAT, CORP.

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

6365 COLLINS AVE.
APT. # 2311
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6365 COLLINS AVE.
APT. # 2311
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-4585110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBILE, ANTONIETTE
6365 COLLINS AVE
APT. # 2311
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEREZ, ANA
Address: 6365 COLLINS AVE. APT. # 2311
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: NOBILE, ARLETTE
Address: 6365 COLLINS AVE, APT. # 2311
City-St-Zip: MIAMI BEACH, FL 33141

Title: T S (X) Delete
Name: NOBILE, ANTONIETTE
Address: 6365 COLLINS AVE APT. # 2311
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOBILE, ANTOINETTE
Address: 6365 COLLINS AVE. APT. # 2311
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP (X) Change () Addition
Name: JEREZ, ANA
Address: 6365 COLLINS AVE, APT. # 2311
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINETTE NOBILE

P

01/26/2007

Electronic Signature of Signing Officer or Director

Date