

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90020 002 \*\*\*150.00

DOCUMENT # P06000102858



1. Entity Name  
 CITY COOL CORPORATION

Principal Place of Business Mailing Address  
 4801 SW 129TH AVE 4801 SW 129TH AVE  
 MIAMI, FL 33175 US MIAMI, FL 33175 US

40036149



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*Same* *Same*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number *20-5335107* Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
 PREMIUM TAX SERVICES  
 13205 SW 137TH AVE  
 SUITE 203  
 MIAMI, FL 33186

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Redy Chong*

*3/3/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	P/D CHONG, REDY 4801 SW 129TH AVE MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CHONG, RANDY 13808 SW 54TH ST MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D PEREZ, FELIX A 17840 SW 143 CT MIAMI, FL 33177	<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 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: *Redy Chong*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/3/07 (305) 710-3531*  
 Date Daytime Phone #