2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 13, 2007 8:00 am
Secretary of State

02-22-2007 90025 032 ***150.00

DOCUMENT # P06000116074

1. Entity Name
CITY CORPORATION

Principal Place of Business	Mailing Address
4888 NW 7 ST MIAMI FL 33126	4888 NW 7 ST MIAMI FL 33126

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4888 N.W 7ST		4888 N.W 7ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Fl		City & State	
Zip: 33126	Country	Zip	Country

4. FEI Number: 20-5525714 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VARONA, ALBERTO C 4888 NW 7 ST MIAMI FL 33126	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: Alberto Varona — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — 2-3-2007 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD VARONA, ALBERTO C 4888 NW 7 ST MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X Alberto Varona — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (305)567-2992 Daytime Phone #