2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# P08000068372

Entity Name: CITY ASSURANCE CORP.

Current Principal Place of Business:

3900 N.W. 79 AVE.
SUITE 602
DORAL, FL 33166 US

New Principal Place of Business:

3785 N.W. 82 AVE.
SUITE 214
DORAL, FL 33166 US

Current Mailing Address:

3900 N.W. 79 AVE.
SUITE 602
DORAL, FL 33166 US

New Mailing Address:

3785 N.W. 82 AVE.
SUITE 214
DORAL, FL 33166 US

FEI Number: 26-3017859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORREGO, GIOVANNI
3900 NW 79 AVE
SUITE 602
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

ORREGO, GIOVANNI
3785 N.W. 82 AVE.
SUITE 214
MIAMI, FL 33166 US

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: 02/27/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST
Name: ORREGO, GIOVANNI
Address: 3785 N.W. 82 AVE., SUITE 214
City-St-Zip: DORAL, FL 33166 US

I hereby 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 all other like empowered.

SIGNATURE: GIOVANNI ORREGO PST 02/27/2012
Electronic Signature of Signing Officer or Director Date