

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084303

Entity Name: CITY WRAP, INC.

FILED  
Jun 22, 2009  
Secretary of State

## Current Principal Place of Business:

4960 NW 165 ST  
UNIT B02  
MIAMI, FL 33014

## New Principal Place of Business:

15476 NW 77 CT  
261  
MIAMI LAKES, FL 33016

## Current Mailing Address:

4960 NW 165TH ST  
UNIT B02  
MIAMI, FL 33014

## New Mailing Address:

15476 NW 77 CT  
261  
MIAMI LAKES, FL 33016

FEI Number: 26-3354738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALINAS, RAMON E  
3880 NW 166TH ST  
OPALOCKA, FL 33054 US

## Name and Address of New Registered Agent:

SALINAS, RAMON E  
17090 NW 52 AVE  
MIAMI GARDENS, FL 33055 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:

06/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALINAS, RAMON E  
Address: 3880 NW 166TH STREET  
City-St-Zip: OPALOCKA, FL 33054

Title: VP ( ) Delete  
Name: ARAOZ, RISELDA L  
Address: 3880 NW 166TH ST  
City-St-Zip: OPALOCKA, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SALINAS, RAMON E  
Address: 17090 NW 52 AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP (X) Change ( ) Addition  
Name: HERNANDEZ, MARIELA  
Address: 17090 NW 52 AVE  
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby certify that the information supplied with this filing does not qualify 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: RAMON E SALINAS

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date