

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045511

**FILED**  
**Apr 21, 2005**  
**Secretary of State**

**Entity Name:** CITY-WIDE ASSOCIATES, INC.

**Current Principal Place of Business:**

775 N.E. 79TH STREET  
SUITE F  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

775 N.E. 79TH STREET  
SUITE F  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 65-0514199      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORENCE, MOSES C  
775 N.E. 79TH STREET  
SUITE FF  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

FLORENCE, MOSES C  
775 N.E. 79TH STREET  
SUITE F  
MIAMI, FL 33138 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: MOSES C. FLORENCE      04/21/2005  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: FLORENCE, MOSES C  
Address: 775 N.E. 79TH STREET, # F  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Section 119.07(3)(i), 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: MOSES C. FLORENCE      PSD      04/21/2005  
Electronic Signature of Signing Officer or Director      Date