2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 26, 2004 8:00 am Secretary of State DOCUMENT # P95000070991 1. Entity Name 03-26-2004 90038 049 ***150 00 CITY CAPITAL INVESTMENT CORP. Principal Place of Business Mailing Address 8161 SW 40 STREET MIAMI FL 33155 8161 SW 40 STREET MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0608735 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIZO, EMILIO JR Street Address (P.O. Box Number is Not Acceptable) 11825 SW 46TH ST **MIAMI FL 33175** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD TITLE Delete Change TITLE Addition RIZO, EMILIO JR NAME RIZO, EMILIO JR NAME 11825 SW 46 ST STREET ADDRESS 11825 SW 46TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP AMI, FL 33175 TD Delete T,5, D. **Change** TITLE Addition RIZO, EMILIO SR A120, EM:110 NAME 11825 SW 46TH ST STREET ADDRESS STREET ADDRESS 11825 SW MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP PD TITLE Delete TITLE ☐ Change ■ Addition FERNANDEZ, AIDA L NAME NAME STREET ADDRESS STREET ADDRESS 19901 SW 180TH STREET CITY-ST-ZIP **MIAMI FL 33187** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 express, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED

3-23-2004