

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000000345

**FILED**  
**Aug 10, 2009**  
**Secretary of State****Entity Name:** CITADEL TRUST PROPERTIES, INC.**Current Principal Place of Business:**7553 ADVENTURE AVENUE  
NORTH BAY VILLAGE, FL 33141**New Principal Place of Business:****Current Mailing Address:**7553 ADVENTURE AVENUE  
NORTH BAY VILLAGE, FL 33141**New Mailing Address:**9950 SW 107 AVENUE  
SUITE 204  
MIAMI, FL 331762785 US**FEI Number:** 65-0731224**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FORMAN, SAMUEL S  
7553 ADVENTURE AVENUE  
NORTH BAY VILLAGE, FL 33141 US**Name and Address of New Registered Agent:**AVELLAN, LILIANA V  
9950 SW 107 AVENUE  
SUITE 204  
MIAMI, FL 331762785 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:** LILIANA V AVELLAN

08/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** FORMAN, SAMUEL S  
**Address:** 7553 ADVENTURE AVENUE  
**City-St-Zip:** NORTH BAY VILLAGE, FL 33141**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D/P (X) Change ( ) Addition  
**Name:** FORMAN, RONNIE L  
**Address:** 7553 ADVENTURE AVENUE  
**City-St-Zip:** NORTH BAY VILLAGE, FL 33141**Title:** D/S ( ) Change (X) Addition  
**Name:** LEFKOWITZ, BETH  
**Address:** 9700 SW 145 STREET  
**City-St-Zip:** MIAMI, FL 33176

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:** RONNIE L FORMAN

D/P

08/10/2009

Electronic Signature of Signing Officer or Director

Date