


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000086068		
1. Entity Name CITEP, INC.		

FILED

05 JUL 25 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O NORMAN CIMENT 1665 WASHINGTON AVENUE MIAMI, FL 33139 US	Mailing Address 407 LINCOLN ROAD SUITE 704 MIAMI, FL 33140
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2. Principal Place of Business Suite, Apt. #, etc. 44 FL.	3. Mailing Address 1665 WASHINGTON AVE Suite, Apt. #, etc. 44 FL.
City & State MIAMI BEACH, FL.	City & State MIAMI BEACH, FL.
Zip 33139	Country DADE

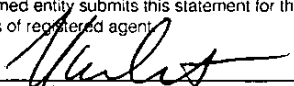
07142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0796135 65-0796135	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARC BIRNBAUM, P.A. 20801 BISCAYNE BLVD SUITE 400 MIAMI, FL 33180	7. Name and Address of New Registered Agent Name JULIUS SAMI Street Address 3979 FLAMINGO DR. City MIAMI BEACH FL Zip Code 33140
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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  (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIMENT, NORMAN 407 LINCOLN ROAD STE 407 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPPER, WARREN 4830 PINETREE DR MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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08/03/05--01050--006 **150.00

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 address, with all other like empowered

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Norman Ciment, Esq. P.A.

ATTORNEY AT LAW

1665 WASHINGTON AVE.

3rd FLOOR

MIAMI BEACH, FLORIDA 33139

TEL (305) 538 - 0968

FAX (305) 532 - 6101

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

July 13, 2005

To Whom It May Concern,

Please be advised that we never received notices or post cards before the May 1, 2005 renewal deadline.

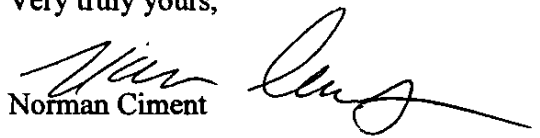
Would you please waive the late fees.

We did receive notice of intent to cancel, just the other day, but never received renewal notices for any of our Corporations. For this, we have no explanation.

Could you please review that all our Corporation Forms, and notices are sent to Norman Ciment, 1665 Washington Ave. 4th fl., Miami Beach Fl. 33139.

Thanking you, I am

Very truly yours,


Norman Ciment