


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000107046</b> 1. Entity Name YOLANDE CITRO, P.A.	
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Principal Place of Business 1310 BAY DR MIAMI BEACH, FL 33141	Mailing Address 7098 BONITA DRIVE MIAMI, FL 33141
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**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

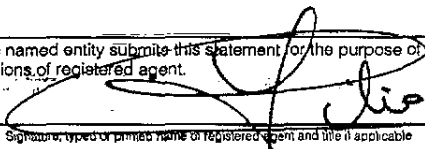
4. FEI Number 65-0800263	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CITRO, YOLANDE  
1310 BAY DR  
MIAMI BEACH, FL 33141

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: **2-15-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CITRO, YOLANDE 1310 BAY DR MIAMI BEACH, FL 33141
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000001235187  
02/18/05-80052-002 158.75

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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 life empowered.

SIGNATURE:  DATE: **2-15-05** (305) 864-6469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR