

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90041 016 \*\*\*158.75

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P97000107046</b>               |  |
| 1. Entity Name<br><b>YOLANDE CITRO, P.A.</b> |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>1310 BAY DR<br/>MIAMI BEACH FL 33141</b> | Mailing Address<br><b>7098 BONITA DRIVE<br/>MIAMI FL 33141</b> |
|----------------------------------------------------------------------------|----------------------------------------------------------------|



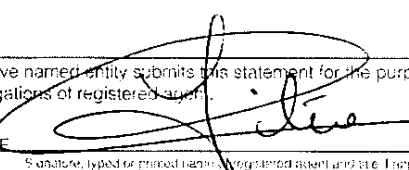
|                                                                                |                                                |
|--------------------------------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>20315 N.E. 19TH COURT</b> | 3. Mailing Address<br><b>7098 BONITA DRIVE</b> |
| Suite, Apt. #, etc.                                                            | Suite, Apt. #, etc.                            |

1st MOORE CR2E034 (10/07)

|                                       |                                             |
|---------------------------------------|---------------------------------------------|
| City & State<br><b>MIAMI, FLORIDA</b> | City & State<br><b>MIAMI BEACH, FLORIDA</b> |
| Zip<br><b>33179</b>                   | Zip<br><b>33141</b>                         |
| Country                               | Country                                     |

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

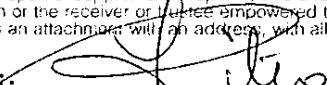
|                                                                                                                   |  |                                                                                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>CITRO, YOLANDE<br/>1310 BAY DR<br/>MIAMI BEACH FL 33141</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>CITRO, YOLANDE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>20315 N.E. 19TH COURT</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33179</b> |  |
|-------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                               |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 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<br>                                                                                                                               | DATE<br><b>03-13-08</b> |
| SIGNATURE, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)                                                                                   |                         |

|                                                                                                                                                 |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE-NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                    |
|------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>CITRO, YOLANDE<br>1310 BAY DR<br>MIAMI BEACH FL 33141 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>CITRO, YOLANDE<br>20315 N.E. 19TH COURT<br>MIAMI, FLORIDA 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:<br> | PRESIDENT | 03-13-08             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                |           | Date Daytime Phone # |