

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000045245

1. Entity Name
CITY BROKERS CORP.



Principal Place of Business
**2100 PONCE DE LEON BLVD STE 601
CORAL GABLES, FL 33134**

Mailing Address
**2100 PONCE DE LEON BLVD STE 601
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2EQ34 (11/05)

4. FEI Number
65-9033631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA-SARRAFF, JORGE I
2100 PONCE DE LEON BLVD STE 601
CORAL GABLES, FL 33134**

**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

[Signature]
Signature must be signed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-registering)

3-27-06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**D
GARCIA-SARRAFF, JORGE I
2100 PONCE DE LEON BLVD STE 601
CORAL GABLES, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/11/06-80026-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06
Date

Daytime Phone #