

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000054053

**Entity Name:** CITY TRAVEL SERVICES, INC.

**Current Principal Place of Business:**

911 NORTHEAST 209 TERRACE, UNIT 105  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1248 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 65-0677374

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name NG, ANNIE  
Address 911 NORTHEAST 209 TERRACE, UNIT  
105  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title STD  
Name NG, KIT YUN  
Address 911 NORTHEAST 209 TERRACE, UNIT  
105  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANNIE NG

**PRESIDENT**

**03/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date