


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90064 033 ****50.00

DOCUMENT # L04000026763 1. Entity Name CENTRUST COMPANIES, LLC	
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Principal Place of Business 4011 W. FLAGLER STREET SUITE 404 MIAMI, FL 33134	Mailing Address 4011 W. FLAGLER STREET SUITE 404 MIAMI, FL 33134
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0583525	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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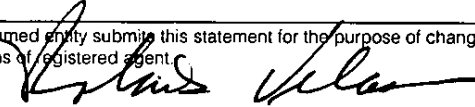
6. Name and Address of Current Registered Agent

HATTON, DAVID L
 150 ALHAMBRA CIRCLE
 SUITE 1150
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **Rolando Velasco**
 Street Address (P.O. Box Number is Not Acceptable)
**2030 Douglas Road,
Suite 105**
 City **Coral Gables** **FL** Zip Code **33134**

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 _____

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

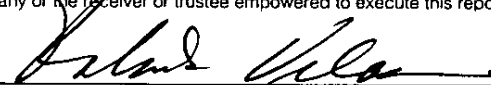
**Filing Fee is \$50.00
Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM VELASCO, ROLANDO <input type="checkbox"/> Delete
NAME	4011 W. FLAGLER STREET, SUITE 404
STREET ADDRESS	MIAMI, FL 33134
CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete
NAME	VELASCO, MIRIAM E
STREET ADDRESS	4011 W. FLAGLER STREET, SUITE 404
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	VELASCO, KRISTY
STREET ADDRESS	4011 W. FLAGLER STREET, SUITE 404
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rolando Velasco
STREET ADDRESS	4011 W Flagler Street Suite 404
CITY-ST-ZIP	Miami, FL 33134
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristi Velasco
STREET ADDRESS	4011 W Flagler Street Suite 404
CITY-ST-ZIP	Miami, FL 33134
TITLE	Secretary / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miriam Velasco - Esquivel
STREET ADDRESS	4011 W Flagler Street Suite 404
CITY-ST-ZIP	Miami, FL 33134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE