


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000066521	
1. Entity Name CERTOSA HOLDINGS INC.	

Principal Place of Business 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. SUITE 1500(RJS) MIAMI, FL 33131	Mailing Address 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. SUITE 1500(RJS) MIAMI, FL 33131
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01122004	No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0996100	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
 SUITE 1500(RJS)
 MIAMI, FL 33131

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000058328
 02/20/04-80025-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ERVITI, ALBERTO 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33131
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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)(f), 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:  DATE: 2-13-04 (305) 3799146 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR