

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

47.

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90051 035 ****50.00

DOCUMENT # L04000026761 1. Entity Name CENTRUST GROUP, LLC					
Principal Place of Business 4011 W. FLAGLER STREET SUITE 404 MIAMI, FL 33134			Mailing Address 4011 W. FLAGLER STREET SUITE 404 MIAMI, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 08-0583529			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELASCO, ROLANDO 4011 W. FLAGLER STREET, SUITE 404 MIAMI, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VELASCO, MIRIAM E 4011 W. FLAGLER STREET, SUITE 404 MIAMI, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VELASCO, KRISTY 4011 W. FLAGLER STREET, SUITE 404 MIAMI, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
SIGNATURE: <u><i>Rolando Velasco</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

30007213



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