

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90008 044 ***150.00

DOCUMENT # S36395

1. Entity Name

CENTAURUS DISTRIBUTORS, INC.



Principal Place of Business
5751 NW 151ST STREET
MIAMI LAKES FL 33014

Mailing Address
5751 NW 151ST STREET
MIAMI LAKES FL 33014



2. Principal Place of Business
8191 NW 91 TERRACE

3. Mailing Address
8191 NW 91 TERRACE

Suite, Apt. #, etc.
108

Suite, Apt. #, etc.
108

1st MOORE

CR2E034 (10/05)

City & State
MEDLEY, FL

City & State
MEDLEY, FL

4. FEI Number
65-0245942

Applied For
Not Applicable

Zip Country
33166 USA

Zip Country
33166 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPETTI, ANTONIO A.
5751 NW 151ST STREET
MIAMI LAKES FL 33014

Name
RAPETTI, ANTONIO A.

Street Address (P.O. Box Number is Not Acceptable)

8191 NW 91 TERRACE

City MEDLEY FL Zip Code 33166

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 ANTONIO A. RAPETTI

02/27/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME RAPETTI, ANTONIO A.
STREET ADDRESS 5751 NW 151ST STREET
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE P ☒ Change ☐ Addition
NAME RAPETTI, ANTONIO A.
STREET ADDRESS 8191 NW 91 TERRACE, #108
CITY-ST-ZIP MEDLEY, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: ANTONIO A. RAPETTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/06 (305) 889-0104

Date

Daytime Phone #