


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 177770.	
1. Entity Name CENTRAL INDUSTRIAL INVESTMENT CORP	

Principal Place of Business 801 NORTH VENETIAN DR 904 MIAMI, FL 33139 US	Mailing Address 801 NORTH VENETIAN DR 904 MIAMI, FL 33139 US
---	---



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6059084	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

**6. Name and Address of Current Registered Agent**

DUBBIN, MURRAY H PRES-D  
801 NORTH VENETIAN DR  
904  
MIAMI, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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 Murray H. Dublin MURRAY H. DUBBIN 1-8-08  
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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUBBIN, MURRAY H PRES-D 801 NORTH VENETIAN DR #904 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOHLENBERG, SANDRA D VPRES-D 37 MAJORCA AVE., #501 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASKOWITZ, BONNIE D SEC-D 12101 S.W. 93RD AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YABLONSKY, ROBIN D TREA-D 7452 MOROCCO LAKE DR. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000778449  
01/10/08-80049-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: Murray H. Dublin MURRAY H. DUBBIN 1-8-08 (305) 576-2122 EX 16  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #