2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 443718

1. Entity Name

CENTRUST PROPERTIES INC.



Principal Place of Business Mailing Address

4011 W FLAGLER ST., STE 404 MIAMI, FL 33134

4011 W FLAGLER ST., STE 404 MIAMI, FL 33134

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90180 049 ***150.00

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DO NOT WRITE IN THIS SPACE

 04142005
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

VELASCO, ROLANDO 4011 W. FLAGLER ST., STE404 MIAMI, FL 33134

SIGNATURE:

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.		applicable. (NOTE: Registered	Agent agneture	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing S5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	TORS			
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	PST VELASCO, ROLANDO 4011 WEST FLAGLER ST #404 MIAMI, FL 00000,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	_	•		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR