

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 037 ***150.00

DOCUMENT # F06000007023

1. Entity Name
CENTRO WCJV GP, INC.



Principal Place of Business
2716 OCEAN PARK BLVD SUITE 3000
SANTA MONICA, CA 90405

Mailing Address
2716 OCEAN PARK BLVD SUITE 3000
SANTA MONICA, CA 90405

40064300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

90-0158185

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SCOTT, ANDREW
STREET ADDRESS 235 SPRINGVALE RD CORPORATE OFFICE 3RD FL
CITY-ST-ZIP GLEN WAVERLY VICTORIA AUSTRA,

TITLE DST ☐ Delete
NAME HUTCHINSON, JOHN
STREET ADDRESS 235 SPRINGVALE RD CORPORATE OFFICE 3RD FL
CITY-ST-ZIP GLEN WAVERLY VICTORIA AUSTRA,

TITLE V ☐ Delete
NAME GANNON, MARY
STREET ADDRESS 580 W GERMANTOWN PIKE SUITE 200
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 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:

John Braddon

John Braddon

2/16/07

Date

(310) 314-5050

Daytime Phone #