2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State
08-02-2004 90116 041 ****50.00

34009884

MOORE CR2E083 (4/04)

DOCUMENT # L03000053713

1. Entity Name
CENTRO GROUP LLC

Principal Place of Business	Mailing Address
615 SW 200TH TERR PEMBROKE PINES FL 33029	615 SW 200TH TERR PEMBROKE PINES FL 33029

2. Principal Place of Business	3. Mailing Address
615 SW 200 TER. PEMBROKE PINES FL 33029	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES FL	City & State
Zip: 33029 Country: BROWARD	Zip Country

4. FEI Number 38-3694255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE DENGHY, VICTORIA 615 SW 200TH TERR PEMBROKE PINES FL 33029	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 X [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 $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ORICELLI, FRANCO 615 SW 200TH TERR PEMBROKE PINES FL 33029	☐ Delete Director	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRUNO PELLEGRINI 615 SW, 200 TERRACE PEMBROKE PINES, FL 33029	☐ Change ☐ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DE DENGHY, VICTORIA 615 SW 200TH TERR PEMBROKE PINES FL 33029	☐ Delete President	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CAMPERO, HIRSCH A 615 SW 200TH TERR PEMBROKE PINES FL 33029	☐ Delete Manager	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LA ROCCA, CARMELO 615 SW 200TH TERR PEMBROKE PINES FL 33029	☐ Delete Manager	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROCHETTI, MERISTELLA 615 SW 200TH TERR PEMBROKE PINES FL 33029	☐ Delete Director	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ISABEL MEJIAS DE DENGHY 615 SW, 200 TERR. PEMBROKE PINES, FL 33029	☐ Delete Manager	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: [signature] VICTORIA DE DENGHY 07/30/04 954-4418546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #